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ABSTRACT

This training manual was designed to clarify issues and provide information to help individuals and groups facilitate the development of human service delivery in response to the changes occurring in rural communities. The presentation of the material was designed to be flexible in length of presentation, subject matter, and level of detail. The manual may be used as a regular textbook, in workshop presentations, and in a train-the-trainer format. The material is divided into five modules that may be used independently. Sections on objectives, background information, and procedures for teaching precede each module. Throughout each module, a rubric is inserted to indicate appropriate places to use overheads or video segments. A case study is included which may be used in total or broken into segments as indicated by module outlines. Discussion questions and activities are given throughout the text and are also listed at the end of each module. Individual modules deal with: (1) History of the Rural Economic Transition; (2) Human Consequences of the Rural Crisis; (3) Human Service Response; (4) Network Systems for Rural Services; and (5) Resources. The Resources module contains information of rural programs, farm mediation, rural newsletters and journals, films and videos, community mental health centers, books and articles, and the glossary. (NB)

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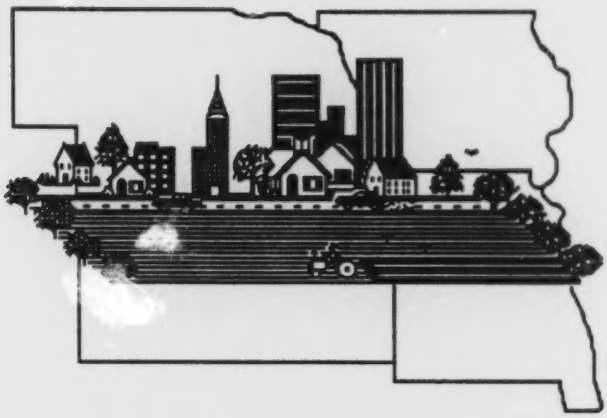
HUMAN SERVICES IN THE RURAL TRANSITION



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HUMAN SERVICES IN THE RURAL TRANSITION

HISTORY 1

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RESPONSES 3

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RESOURCES 5

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INTRODUCTION

The 1980s have been tumultuous years for rural economies in the United States. This includes the problems of farming and agriculture, and of rural communities and human beings. Rural communities experience a ripple effect of an agricultural economy in trouble. There has been an increase in substance abuse, physical and emotional violence, and suicide. An individual's ability to deal with these conditions may be further hampered by ongoing depression.

Numerous terms have been used to describe the changes occurring in rural communities and their impact on the individuals who live there. The changes have been called "farm crisis," "rural crisis," "rural decline," "economic decline," "economic development opportunities" and "rural transitions," among others. Because of the terminology used and the different approaches to studying rural crisis--economics, sociology, psychology, human development--there is considerable ambiguity regarding the best approach to provide assistance to those persons experiencing difficulty.

This is further complicated by reports in the media that things are better. In 1988-1989 the media has emphasized improved conditions in the farm economy, but we hear from others, including front line workers, that this "recovery" is only a temporary upswing in long-term trends for rural people and communities. The Lincoln Journal-Star, in an AP wire article, "Farm bankruptcies to surge" (1988, August 29) stated: "Bankruptcy court officials predict the drought will force hundreds of Midwestern farmers who might otherwise have survived financially to abandon their fields after the coming harvest. After a sharp drop in bankruptcy cases in the first half of 1988, courts throughout the farm belt expect a surge in bankruptcy petition filings in the next six months, even with help from the huge federal drought assistance bill, according to officials in Iowa, South Dakota and Wisconsin."

The purpose of this training manual is to clarify issues and provide information that can be used by individuals and groups to facilitate the development of human service delivery in response to the changes occurring in rural communities.

This curriculum was developed as a product of a federal NIMH grant to the Psychology Department of the University of Nebraska-Lincoln, a land grant university with some history of work in rural areas. To assist in developing this curriculum, approximately 2,300 rural mental health needs assessments were distributed to mental health centers, community-based rural services (hotlines, county extension, etc.) and state departments of human resource development. Fifty-nine percent of the respondents were from non-urban counties.

The results indicated that effects of the rural crisis were still being broadly felt. Seventy-four percent of non-urban and 39% of urban personnel served people affected by the rural crisis. While 89% felt that these people have special needs, only half felt they had the skills to provide adequate care for them. Respondents felt more information would be useful. Only 12% of respondents felt that services in their agency were currently adequate. There was high endorsement (79%) that the mental health system needs to change to provide these services and that funding is not adequate (82%).

One respondent was concerned that many agencies regard the crisis as over. She stated: "...it is even more difficult for a family to admit that there are major problems now than it was two or three years ago. Many families are still in major difficulty, and their resources, including emotional and support networks, have been worn down over several years of struggles."

USING THIS MANUAL

The presentation of this material was designed to be flexible in length of presentation, subject matter, and level of detail. Information that is not familiar to a particular group may receive greater detail than more familiar topics. For those who are interested in more detailed information on particular issues, **appendices** of additional material are included following each section. For these reasons, the material is divided into modules that may be used independently and can be readily updated.

The modules are five separate divisions and coincide with the numbers on the primary tabs. The first four modules contain substantive materials about the rural transition and human responses to it, as well as suggestions for use of the material. The fifth is devoted to resources for further use. The modules are, in order of presentation:

Module 1: **History of the Rural Economic Transition**: farm history, what the rural crisis means, how the farm crisis affected rural communities, and issues that further divide rural communities.

Module 2: **Human Consequences of the Rural Crisis**: information to increase awareness and sensitize to diverse reactions of the rural transition, including grief and blame issues; counteractions to isolation and stress.

Module 3: **Human Service Response**: human service intervention, gender roles, communication techniques to enrich family relationships, and effects on rural populations: children, adolescents, and elderly.

Module 4: **Network Systems for Rural Services**: techniques to enhance human networks, outreach, networks in rural communities, and the importance of providers' health.

Module 5: **Resources**: rural programs, farm mediation, rural newsletters and journals, films and videos, community mental health centers, books and articles, and the glossary.

This material may be used as a regular textbook, in workshop presentations, and in a train-the-trainer format. **Objectives, Background Information,** and **Procedures for Teaching** precede each module. This is done so that a module can be presented independently, if desired. Throughout each module, a **rubric** is inserted to let you know appropriate places to use overheads or video segments.

The **case study** (Marjorie and Paul Lowell's story) may be used in total or broken into segments as indicated by module outlines. The case study text is included in the material and is also available on VHS video tape or audio tape. They can be ordered

from the Great Plains Staff Training and Development for Rural Mental Health Office, Burnett Hall #304, UN-L, Lincoln, NE 68588-0375, Telephone (402) 472-3741.

Words in **bold type** throughout the curriculum text are defined in the **Glossary** found in Module 5. **Graphics masters** (the only information on white pages) are included in the appendix section of each module and may be used for making overhead transparencies or handouts. Whenever possible, the graphics masters are summaries of the more complete text for ease in presentation.

For your convenience, **Discussion Questions** and **Activities** are given throughout the text at appropriate times. They are also listed at the end of each module. Occasionally, discussion may be more effective in smaller groups. This depends on particular leadership styles. Following are four ways to divide large groups:

1. The most common group selection is to have people count off from 1 through the number of groups you wish. (A group of 5-7 is optimum for discussion purposes.) They then assemble in groups 1, 2, etc.
2. Ask people to turn to each other and make their own small group. However, this method often keeps agency personnel with their own, and friends with friends, so the networking system is not enhanced.
3. When participants enter the room, they are handed a playing card (from a regular deck of cards). When it is time for small groups to form, you ask that hearts, spades, clubs, and diamonds join. For a larger number of groups you can ask that cards 2-8 and 9-Ace form groups. There are various alternatives with a deck of cards.
4. When participants register, they can be given a slip of paper with a group number.

The nine pilot workshops reiterated the fact that groups vary in focus. In some communities, people were aware of rural history, and it was not necessary to dwell on that section. In other communities, it was necessary to include all available material. The time for a complete workshop presentation, including all discussion questions and activities, could take 1 1/2 to 2 days. Your own flexibility with allotted time will be an advantage. The pilot workshops were presented in 4 to 5 hours to give an overview of the material, offering only the high points of each module.

Most participants wanted additional networking opportunities. Although "network" is a simple concept, an initiative is required to begin the process; that seemed to be the difficult stepping stone. It was helpful to detail successful network systems. If you are aware of agencies and community folks in your area who have come together in network efforts, it may help to point to those examples.

It is important that each participant is given an opportunity to introduce him- or herself and mention their agency or work. Folks who had worked together for years over the telephone met each other face to face for the first time at the pilot workshops. This is an important aspect of enlarging the network systems in communities. If there is time, an icebreaker activity can be initiated to help in introductions and rapport building. Several icebreakers are suggested at the end of this section.

Frequently agencies appear to suffer from "turf battles." These barriers may be eliminated at a workshop. Your presentation of this curriculum is a step in the network process, particularly if your audience includes a variety of agencies and community folks. Be very specific about the importance of interacting and encourage the process to continue after the workshop. For that reason, plans should be made for further network opportunities. Questionnaires asking people about future needs can be distributed--another way of furthering the "coming together" process.

It may be helpful to you, when presenting this material, to have a general idea of your audience backgrounds. For that reason, a preliminary telephone call to the sponsor(s) would let you know what focus to take. If you do not have previous knowledge of the audience, take an informal poll when the group is assembled and modify the program accordingly. It is simple to eliminate portions of the material as you present.

The VHS **video** accompanying this information may be useful in drawing out the audience to express thoughts or emotions. It is a 41-minute video (segmented) about some critical years in the lives of the Lowell family. If the entire video cannot be shown due to time limitations, it is important for the facilitator to be familiar with the unshown segments so the audience may be briefed on those portions.

Modules 1 through 4 have a segment of Paul and Marjorie's story. Each segment ends with 10-15 seconds of "fade out" before going on to the next segment. The video can be stopped, obviously, and discussion can be initiated about specific aspects of a particular segment. For easy reference, a transcript of the video is included in the curriculum text. The segment times and approximate locations on the counter are:

Module 1	(10.47 minutes)	0050 - 0945
Module 2	(9.44 minutes)	0968 - ~~1617~~
Module 3	(6.35 minutes)	1626 - 2017
Module 4	(13.25 minutes)	2027 - 2730

While the story of Paul and Marjorie is a farm family's story, and some issues are farm-related, they could be a family anywhere in the United States experiencing a crisis. Likewise, when any community goes through a disaster or crisis period, similar dynamics seem to occur: shock and denial, anger, desperation, isolation, and blaming. So the issues portrayed in the video are carried forward from the individual to the family to the community and depict the need to network through those systems.

It is recommended that, if this material is going to be presented in workshop form, some time is taken to review the material and decide what information you wish to incorporate. As you view the video, write comments, questions, or discussion statements in the text margins for your use.

Many creative suggestions were given at the pilot workshops, so it is apparent each person has ideas on what information is important and how to best present information. We are always interested in how this material is used. A separate form follows at the end of this section for your feedback. Also, if you become aware of outstanding articles or programs, please let us know. We appreciate your interest and participation!

ICEBREAKERS

(Presenter: be certain to participate yourself!)

The following "icebreakers" were offered by Pat Libsack and RoxAnn Thurber, Department of Health, Lincoln, Nebraska, along with The Encyclopedia of Icebreakers and Getting Acquainted as further resources.

ARTWORK

Materials: Paper, pencil or pen.

Time: 30-35 minutes, depending on group size.

Participants: Unlimited.

Activity: Ask each participant to draw a picture or tear a piece of paper into a shape which describes their personality or the role in which they perceive themselves. Give them 5 minutes to complete the task.

Summary: Upon completion, allow each participant to introduce themselves, their agency (if appropriate), and describe their artwork.

TOILET PAPER OR M & M MESSAGES

Materials: Roll of toilet paper and pens, or large bag of M & M's.

Time: 25-35 minutes.

Participants: Unlimited

Activity: Offer participants either sheets of toilet paper or M & M's (tell them not to eat the M & M's!) but do not tell them what they are going to do with them! Then ask them to write something positive about themselves on each sheet (or think of one for each M & M).

Summary: When finished, ask participants to stand, give their name, and state their positive attributes. Applaud when each person finishes. The presenter can vary this icebreaker by selecting different topics.

COMPLETED THOUGHT

Materials: For the trainer: a copy of the Statements to be Completed List (see following). For the participants: pencil or pen and paper.

Time: 25-30 minutes.

Participants: Unlimited. If your audience is large, it can be broken down into small groups of 7 or 8 members each.

Activity: The presenter begins by stating that this learning experience is designed to explore the particpants' thought processes. After each participant has their materials, explain that they will be listening to a series of incomplete statements. The participants will be writing down the statement and then, using their own words, completing the

thought. For example, "If I could be anyone, I would be _____." The presenter then reads as many incomplete statements as s/he wishes. After giving the participants one minute to copy down and complete the thought, the presenter proceeds to the second statement and continues the process until the participants have completed all the statements.

Summary: When the participants have finished, the presenter rereads the statements one at a time and asks each participant to share his or her responses with their group. The presenter may conclude the activity by discussing the similarities and differences among the participants' responses.

Examples of statements to be completed:

1. Today I wish I were...
2. The main reason I am here is...
3. When I think of my work, I...
4. If I could be anyone, I would be...
5. I choose friends who are...
6. I think my best quality is...
7. Workshops like this are usually...
8. A pet peeve of mine is...

INTERVIEWING FOR INTRODUCTIONS

Materials: Pen or pencil and paper.

Time: 10 minutes for initial inteviews; 20-25 minutes for introductions, depending on group size.

Participants: Unlimited.

Activity: Allow ten minutes for each person to turn to someone they do not know (if possible) and interview each other. (If the number is uneven, the presenter becomes a member of a pair.)

Summary: After the interviews are completed, each pair stands and "introduces" the person they interviewed. Possible areas of questions for interview: name, agency, purpose of being at workshop, family life (parents, children, siblings, pets), personal life (friends, hobbies, social activities, sports), and future (goals, aspirations).

HUMAN SERVICES IN THE RURAL TRANSITION

Feedback Questionnaire

1. How did you use this material? (e.g., workshops, personal reading, reference material, recommended to others, etc.) _____
   _____
2. If I were to make changes in the content of this material, I would_____
   _____
   _____
3. I used the accompanying video and found it to be: (circle one)
   did not use... helpful... too long... not indicative of rural situation... informative and useful... a good discussion tool... too emotional to show to my group... other _____
4. The graphic masters were used. N/A Yes No
5. The organization of the curriculum was convenient. Yes No
   I would make the following changes in organization of content.
   _____
   _____
   _____
6. I plan to make additional presentations. Yes No
   What was the best result (in your opinion) of your presentation?_____
   _____
   What was lacking?_____
7. I'd like you to know my name and address in case you have additional questions. (Optional)
   Name _____Telephone_____
   Box or Street Number_____
   Town _____ State _____ Zip _____
8. My occupation is: (Also optional)
   _____

We would appreciate your mailing this feedback to:
Great Plains Staff Training and Development for Rural Mental Health
Burnett Hall, Room 304
University of Nebraska-Lincoln
Lincoln, NE 68588-0375
Telephone (402) 472-3741.

Thank you!

HUMAN SERVICES IN THE RURAL TRANSITION

MODULE 1

History of the Rural Economic Transition

The purpose of Module 1 is to present information about farm history, what the rural crisis means, how the farm crisis affected rural communities, and issues that further divide rural communities.

OUTLINE

	Page
• Procedures for Teaching	2
• Objectives and Background Information	3
• The Lowell Family: Part 1	4
• What does "rural crisis" mean?	7
• Why is it important to know about farming?	9
• How has the crisis affected rural communities?	10
• How does this rural crisis differ from other periods of agricultural decline?	11
• What are conflicting issues that further divide rural communities?	13
• Summary and Discussion Questions	13

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University of Nebraska-Lincoln

PROCEDURES FOR TEACHING

Materials: Flip chart or blackboard, overhead projector and screen, VCR for video (VHS) or tape player for audio tape. Determine what handout material you need to reproduce (see appendix).

1. Introduce yourself and explain the "housekeeping rules": location of restrooms, smoking areas, break times, availability of refreshments, an outline of the schedule, and formality of presentation time (May questions be asked during the presentation? May people move around freely during the presentation?).
2. Ask participants to introduce themselves. It is important that they include their affiliation so the linking process can begin. An icebreaker activity could be initiated (see Introduction). Registration of the participants is recommended. Distributing names, addresses, and telephone numbers encourages ongoing communication. Name tags are useful in encouraging familiarity with names, particularly if group participation will be used.
3. Present **Objectives** of this module to participants. Graphic No. 1-1 may be used as either an overhead transparency or a handout sheet.
4. Present **Background Information** and ask for questions or contributions, listing on a blackboard or flip chart.
5. Explain that the case study is about a rural family and that it will be presented in segments (or not, as you wish). Ask them to think about how the story affects them and how they might respond to a similar situation. If not using the video, the audio tape can be played or the story can be read by volunteers (have two copies available for "Paul" and "Marjorie").
6. Start the first segment of the story.
7. Ask for feedback. This can be done by saying: "There were probably many thoughts and feelings going through your minds as you listened to Paul and Marjorie. I'd like to ask each of you to recall briefly what those thoughts were." If people do not volunteer, ask specific people or ask a person before the presentation starts to be the first "volunteer." The important aspect of this part of the discussion is that participants feel a part of the Lowell story.
8. Suggested **Discussion Questions** after the story segment are listed in the text following the Lowell case study. You may want to discuss one or more of the questions, questions of your own, or questions from the participants.
9. Continue presenting the remainder of the module. Again, appropriate questions are identified throughout the text.
10. Summarize what has been covered by Module 1 and ask for remaining questions or thoughts.
11. Identify the Module 1 **Appendix** articles for greater exploration of the subject. Will you make this available? Do you have handouts today? Will they be given as references? Decide how the material will be available before the presentation.

Graphic #1-1

OBJECTIVES

1. Learn history behind the "rural transition" as it pertains to rural communities and to you as a human service provider. Define the "farm crisis" of the early 1980s and the long-term changes as a result of the crisis.
2. Enhance sensitivity to the agricultural economy in rural communities and to larger social and economic issues; increase awareness of family and community needs and resources.
3. Become familiar with rural terms and how that familiarity enhances communication.
4. Utilize the Lowell's family story to understand financial, social, and interpersonal dynamics and transfer them to community systems.
5. Stimulate ideas about current personal and community experiences in rural environments and how, as a human service provider, you can better meet the needs of your community.

BACKGROUND INFORMATION

- The farm crisis and the rural transition are complex issues requiring special attention from many different facets of our population.
- Living in the midsts of a changing rural environment affects everyone at various levels, and human service providers can assist at some of those levels.
- Many rural communities are steadily decreasing in size, and many rural towns will no longer exist as they are today or were in the early 1980s. At the same time, rural income is declining.
- The decline in rural population has been occurring for the past few decades, but the farm crisis of the early 1980s exacerbated the decline.
- There was a series of widespread economic and social events that brought difficulties to major portions of agricultural in the United States by the early 1980s: monetary and lending policies which escalated interest rates while basing credit on markedly depreciated land values and cash flow; the grain embargo; worldwide recession and oil shortages weakening export demand; and lowered prices for agricultural products.
- There are specific indicators used to measure rural development or decline. These indicators, which are addressed in this material, are useful in evaluating the general health of communities.

HISTORY OF THE RURAL ECONOMIC TRANSITION

The objective of this material is to increase your awareness of family and community needs and resources. To better acquaint you with the dynamics of rural communities, we would like to introduce you to the Lowell family--Marjorie and Paul. The Lowell family story occurred over a span of several years and is typical of many rural families who have been experiencing stress and personal pain. Many families are still "out there" and are unable to ask for help. What might work for one person may be useful for others.

As you hear their experiences, keep in mind that the same dynamics occurring in the Lowell family system occur in community systems, as well. Be thinking of resources in your community that could be gathered to establish or continue a system of networks. This is their story.

Begin Video
11 Minutes

THE LOWELL FAMILY: A CASE STUDY

Paul:

I think when Marj and I got married and moved onto Grandpa's quarter, I was about as happy as I could be. We started out buying the farm from Dad and borrowing his equipment. It really felt like a family farm--the continuation of a tradition, not just for Marj and me, but for parents and grandparents. I felt if our children wanted to farm, we would provide them a chance to start.

I had just paid Dad off for the 160 and the adjoining 80 acres, when the chance to buy additional land came up. A neighbor was retiring. Land and interest rates were high, but so were grain prices. At $3.00 for corn and $8.00 for beans, I could handle it easily. It was hard to tell when nearby land would be available again, and the boys were old enough to help me now. So we went ahead with it and bought some machinery to work the added ground.

Marjorie:

We were going along just fine until the early '80s. About that time the oil crunch and the grain embargo came along, which caused less exportation of farm products and a decline of market prices, and resulted in farm land values declining. Interest rates shot up at least 50 percent, sometimes more. By the early '80s, the value of our farm land had been chopped in half! So, while we still owed mortgages of over $500,000, our land, once valued at over $900,000, was valued at less than $500,000. This would be like buying a home for $50,000 and overnight, the value dropping to $25,000--yet you still have to make payments on the $50,000 price. I didn't realize it at the time, but our banker was getting pretty nervous! The bank itself was in jeopardy, as ours wasn't the only farm with heavy mortgages.

Paul:

When land values first began to drop, I wasn't worried. Our income looked good enough to meet our obligations, and it appeared that the Feed Grain program would support prices well above my break-even levels. Although some of the machinery we had purchased required steep payments, we had those on short-term at the bank, and I was sure they could be worked out. Maybe at worst, we'd need an extension or something. All I needed to do was get a little more done each day--just go a little harder, and we'd make it!

First I had trouble getting an ***operating loan.*** *They finally agreed to loan me half of what I really needed, but that, along with selling some of the livestock, was enough to plant the crops. Then, prices fell so low that fall, I didn't make scratch as it was. When the land payment for the year came due, I didn't have it all. But I thought we could work it out with the bank. We'd done business with them for 20 years. I wasn't prepared for the shock when John, our banker, laid it all out. First it was the value of the land. I had bought when land prices were high, and they had dropped to almost half of what they were. John said they were undersecured by over $100,000 on the 560 acres! Plus, interest rates had gone up and the additional interest for next year would amount to $10,000.*

I was stunned. Then he dropped the other shoe. Machinery and equipment values were dropping because no one had the money to purchase new machinery. Without even seeing it, they devalued my equipment by 50 percent, and it was only two years old! So, John said they were undersecured by $50,000 on the equipment. Even if we sold the 560 acres and mortgaged the rest, we would still be short by $100,000 and have no operating capital. As I sat there in silence, John asked if Dad would be willing to pledge the additional collateral.

I think that was the last straw. I'd been trying to get ahead by putting in extra time for quite awhile. I know Marj was noticing the strain. I just didn't have time to be my old self, you know, joke with the kids or sit and talk with the family. I just didn't feel up to it. After the meeting with the banker, I couldn't face Marj or Dad or anyone. I went down to the bar and when I got home I didn't say much. Marj didn't say anything. I suppose I kept going out like that for a long time after that first time. I couldn't sleep anyway, and I couldn't talk about it. I mean, how do you tell your family, "I'll have to ask Dad to bail me out of the mess I'm in"?

Marjorie:

About this time I noticed a change in Paul. He became much less talkative. He is by nature a cheerful person, yet he seldom laughed or joked any more. He worked 16-18 hours a day, and while these are normal hours during certain seasons, even if there wasn't crop work to be done, he would work out in the shop until all hours of the night. He began to avoid the kids and me, at times, driving into town, returning late at night. There were many times I would smell liquor on his breath, but if I inquired, I was being "nosy." When he did come to bed, he would toss and turn until all hours of the morning. If I asked "What's wrong?" he would reply "Nothin'," and shut me out. The silence was overwhelming.

I received a call from the school principal asking about Mark, our oldest son. Mr. Stewart asked if something might be bothering him. Although he was never a particularly outstanding student, his grades were slipping further.

Finally Paul told me we wouldn't be able to meet our mortgage payments, and our banker was refusing to advance us money for the spring planting. The lender said we were over-extended, and our ***"debt to asset ratio"*** *was going to cause problems for any future business. He kept asking for a* ***"cash flow"*** *projection, and we had never had to prepare anything like that before.*

I was so ANGRY with Paul! Why hadn't I been told of the situation? I worked alongside Paul all these years and, yet, when it came to serious financial difficulties, I was kept pretty much in the dark! I'd had some ideas of my own down through the years but hadn't mentioned them because Paul was so self-sufficient. Well, I ranted and raved for a few days--feeling sorry for myself--worrying, fretting, being sharp with the kids and refusing to speak to Paul! Then I came to realize that I'd better join forces and see if there was a way out of our financial problems.

We began. Of course any family recreation was the first to go. We began to eliminate anything and everything from our lives that wasn't absolutely necessary. We sold the car and kept the pickup since it was essential to the farm work. We asked the kids to drop most of their extracurricular activities because we couldn't afford the cost or the time away from the farm. After one particularly grueling session with our lender and the budget (which had become our all-consuming fear), and knowing that we had eliminated all the non-deductibles, we decided our medical insurance would have to be dropped; the premiums were just too high. We stopped payment on our life insurance policy when a piece of machinery broke down. There was always something, and the choices were hard.

The Lowells will join us again, but keeping their story in mind, we would like to develop a working definition of what has been called the "rural crisis." Throughout the following discussion we will refer to their story, and perhaps it will be easier to understand the need to become sensitized to circumstances in rural areas.

DISCUSSION:

1. **As you listened to the Lowell's story, what emotions did you experience? How might you respond to Marjorie and Paul if they were sitting with you today? (Note: If folks are hesitant to respond, the presenter can have them jot descriptive words on a piece of paper and throw these into a hat. The presenter can then read and lead discussion around these contributions. The important aspect is that the participants begin to feel a part of the material.)**
2. **Do you have family or friends who have experienced similar crises in their lives? Were their reactions similar to Marjorie and Paul's?**
3. **If so, were you able to be supportive to those friends or family members? How?**

WHAT DOES "RURAL CRISIS" MEAN?

"Farm Crisis," "Rural Crisis," "Rural Economic Development," "The Rural Situation"--these phrases have been tossed around for the past several years. There are confusing reports from media, farmers, ranchers, rural residents, and lenders, as well as politicians. Does any particular group know the "true picture"? Probably not. Why? Because the rural crisis is a complex situation, affecting economic, social, emotional, and interpersonal aspects of people's lives.

The term "rural crisis" is no longer accurate because "crisis" in itself connotes acute or sudden change. Our initial material, however, will speak of the "rural crisis" and the "farm crisis." We will later refer to it as a "rural" transition or time of change, a process that has been seen by many as a negative consequence. Others, however, see this transition as having positive consequences. Some have profited during this time. Others have expressed that they are "glad to be out of the hassle of farming and rural life," and that this farm crisis gave them an opportunity to explore other employment. When we speak of the rural transition, we are speaking about the changes occurring in rural economics and lifestyles and how they affect rural, as well as urban, areas.

We will begin by discussing agricultural history and how that history affects our present-day communities. As a human service provider, you may be aware of some of the dynamics occurring that are unique to rural areas. Our goal is to sensitize you to past history and to the present changing situation.

In 1988-1989, the media has emphasized improved conditions in the farm economy, but others say that this "recovery" is only a temporary upswing for rural people and communities. The "everything should be all right now" attitude increases the difficulty for people still suffering economic stress to seek help. With the drought conditions of 1988 and the foreclosure notices sent by FmHA at the end of the foreclosure moratorium, the brief upswing has come crashing down for many.

A rural community human service provider expressed concern that her organization and many others regard the crisis as over. She stated, ". . . it is even more difficult for a family to admit that there are major problems now than it was two or three years ago. Many families are still in major difficulty, and their resources, including emotional and support networks, have been worn down over several years of struggles."

There are many rural business and farm owners who are in deep financial trouble. Thus, emotional pain is a part of their daily lives. Their **cash flow** is limited, and they are not able to pay day-to-day expenses. In years past, rural people were very proud of their self-sufficiency, and their values were based on a sense of maintaining that pride. It is very difficult for people to admit they can no longer be self-sufficient.

While 1986 and 1987 were two of the best financial years in the past decade for some farmers, we need to remember the dangers of "averages" and statistics. First of all, the financial upswing was largely due to increased government payments. Also, two good years may not begin to compensate for prior huge losses. Land values decreased dramatically in the years 1982-1985. Agricultural land values fell by more than 30 percent or $227 an acre nationwide since 1981. Between 1982-85, farm land

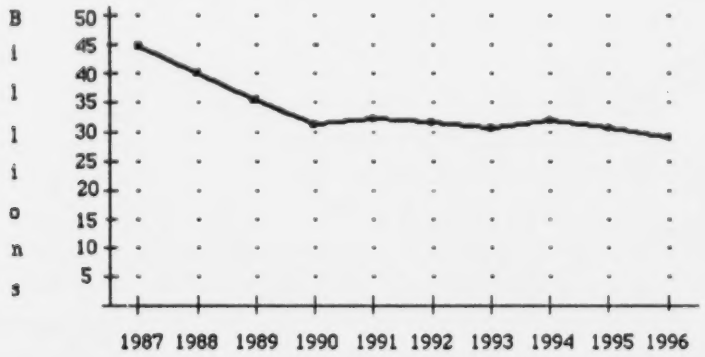
values fell by $146 billion in constant dollars, a loss for farmland owners equal to the combined assets of: IBM, GE, Kodak, Proctor & Gamble, 3M, McDonalds, RCA, Upjohn, Weyerhauser, CBS, and Dow Chemical (U. S. Senate, 1986).

The effect of the decreased value was to stop credit. Using the above figures, consider a "small" farm of 240 acres. If their agricultural land originally valued at $182,000 depreciated by 30 percent, that would mean a decrease in value of over $54,000. Suddenly, the land was worth $127,000. A somewhat larger farm of 700 acres might have a land value decrease of $160,000! In a **debt to asset ratio**, the assets are based on value of land, livestock, machinery, etc. In 1979, a person could have had a debt to asset ratio of .30 (good). Due to decrease in land valuation alone, in a matter of three to five years, this could have changed to a debt to asset ratio of .70, and the farm is in serious trouble.

Also, when "averages" are discussed, consider that "average net farm income," includes the highest and lowest incomes. If a high average net income for 25 percent of farms is $105,000, and a low average net income for 25 percent of farms is a loss of $2,500, there are a great many families without sufficient net farm income to cover family living needs. The "rural crisis" has been called: "A variety of economic and social problems affecting rural America, including the problems of agricultural economy, the decline in rural manufacturing, **outmigration**, and the erosion of the local tax base," (Beeson & Johnson,1987, p. 15).

Consider the seriousness of the ten-year projections by the Food and Agricultural Policy Research Institute in March of 1988 (Graphic #1-2). The decline in national farm income is projected to stabilize by 1996, at which time the national net farm income will be $30 billion (largely due to decreasing government payments). This projection, if the number of farm families remains fixed, would mean an average annual income of only $13,600 per family.

Graphic #1-2



In 1987, the net farm income was $45 billion in nominal dollars, including government payments (or $20,455 per farm family). In 1988, it is projected to be $40 billion, gradually stabilizing at around $30 billion per year by 1996, or $13,600 per farm (FAPRI, 1988).

DISCUSSION:

4. **Some people feel that farm problems are due to"bad managers." Would you agree that there are complex factors surrounding the term "bad managers"? Why or why not?**

WHY IS IT IMPORTANT TO KNOW ABOUT FARMING IN RELATION TO THE "RURAL CRISIS"?

Farming is a "way of life" for many. Their identity is wrapped up in the "roots" of farming. They may think, "I walk like a farmer, act like a farmer, look like a farmer. If I'm not a farmer, who will I be?" They might take a different job and dress differently but still "think like a farmer."

The loss of the farm can mean severe displacement for the farmer. Farming is quite different from other jobs "in the market." Although the farmer has many skills which may be useful in other occupations, s/he sometimes lacks the formal education and the specialized occupational experience required by many labor unions and businesses to compete with other workers. Many also lack the confidence or understanding to realize they have valuable knowledge that can be applied to a different job.

Second, the loss of a farm often means the loss of the farmer's home. A farm is a living, breathing entity, having been nurtured by the family as they watched it grow and produce. Losing it may be like experiencing the death of a family member. The loss of the farm often requires the family to relocate because of the lack of jobs. Therefore, the farmer is further displaced (often to an urban environment) from his/her whole lifestyle.

Finally, the loss of a farm is also an estrangement. It is a separation and betrayal from previous generations who established and paid for the farm, and a divorce from future generations, to whom the farmer was expecting to leave a legacy. How do you ask forgiveness from a great-grandfather who is in his grave or from a son or daughter who expected to continue the family tradition of farming? When Marjorie and Paul spoke of their wish for at least one of their sons to "work" the farm, how do you think they would feel if they had nothing to pass on to their children to make that possible? These are monumental stressors whose effects ripple throughout the entire rural family.

It is important to know about farming in order to remain sensitized to the importance of the agricultural base in rural communities. The general attitude of the public responds to positive economic signs; however, this "recovery" in the farm economy is fragile. As we have discussed, rural communities (and specifically, farming operations) have been in decline since the early 1900s, but that trend was at a more normative pace. The pace has increased, and during the past ten years, people are leaving rural areas in their prime time of raising families and trying to establish a lifelong business. Recovery takes longer because the support systems are not in place.

HOW HAS THE CRISIS AFFECTED RURAL COMMUNITIES?

"For every 7+ farms that go under, one small business folds in the impacted area," (Ostendorf, 1987).

The ripple effect turns a "farm crisis" into a "rural crisis" which can become a "social crisis." The impact of chronic stress on family emotions and functioning, the loss of mainstreet businesses, bank closings, and the toll on community services and facilities are included in the ripple effect. One of the ripple effects of the financial crisis is the emotional toll on farmers, their families, youth, and others who are affected in the rural community. Remember that Marjorie first noticed her husband, Paul's, silent brooding; but that silence stemmed from financial worries. From those stressors grew emotional and social problems. Many families need assistance in communication and decision making. At stressful times, however, they need help in coping with their stressors and worries.

Local professionals who work with rural families have not always completely understood the dynamics involved in attempting to cope with these problems, or how to assist those affected. Some human service providers and community workers feel that they had the "professional abilities" to deal with their rural populations. Others feel that, even though they had the "book knowledge," they needed to know about issues unique to rural communities and, particularly, farmers.

Many of the human and social costs of the rural crisis are just beginning to surface. Human service support systems such as the food stamp program, mental health counseling, fuel assistance, and medical programs will be in greater demand as families make lifestyle changes throughout the next few years. At the same time, social and health services in some agricultural states or areas are being reduced. The reduction is occurring because of decreasing state and local tax bases and decreasing federal funds for these services (Lasley, Conger, & Stofferahn, 1986).

The plight of other rural residents has received little publicity. For many years, the rural population has been declining. A disproportionate number of America's poor live in nonmetropolitan areas. Rural residents also tend to have higher rates of morbidity and infant mortality than their metropolitan counterparts (Watkins & Watkins, 1984). In a survey of rural CMHCs, Mermelstein and Sundet (1986) found an increased incidence of stress-related mental health problems in clients; the most frequent presenting problem was depression, followed by withdrawal/denial, crisis behaviors, substance abuse, spouse abuse, and psychosomatic disorders. Heffernan and Heffernan (1986) found depression to be a result of high stress levels in farmers who had to give up their farm. There was also a high incidence of withdrawal and silence, sleep disturbances, mood swings, and restlessness.

When Marjorie and Paul talked about their community, they spoke of not only farm people in trouble but also farm-related businesses. The ripple effect can have devastating results to rural communities. The following indicators determine the seriousness of rural crises situations:

ECONOMIC INDICATORS: SEVERITY OF RURAL CRISIS

1. Debt to asset ratio
2. Decrease in land values
3. Average net farm income
4. Bankruptcy petitions filed
5. Number of business openings and closings
6. Financial condition of banks

(Beeson & Johnson, 1987)

Along with economic indicators come emotional indicators of rural crisis: the erosion of values (trust, honesty, goodwill), a rupture in personal and community relationships and signs of stress (depression, suicide, divorce, and medical problems). The social aspects of a community are also affected. Some indicators of social change are:

1. Dwindling population base and labor pool
2. Decline in community leadership
3. Decline in public sector services
4. Weakening of bonds as social restructuring takes place and as family isolation begins to occur
5. As need for human services increase, the dwindling economic base threatens the service delivery base

(Hargrove,1985)

DISCUSSION:

5. **Is your community experiencing population loss? Are main street businesses closing or continuing to close?**
6. **If so, is there anything you and your community might do to counteract the outmigration and population decline?**
7. **Are there still folks in trouble in rural communities? Who, besides the farmer, is feeling the impacts of the past eight to ten years? Does that affect you?**

HOW DOES THIS RURAL CRISIS DIFFER FROM OTHER PERIODS OF AGRICULTURAL DECLINE?

The history of rural society and farming has been characterized by crises. Unlike previous periods of economic hardship, the farm crisis of the '80s was unique in a number of important ways that made intervention difficult. Some of the unique features of the rural crisis include (adapted from Lasley, Conger, & Stofferahn, 1986):

Graphic #1-3

1. **Lack of consensus that there was a crisis.** Even though some programs have increased the awareness of the problem and its consequences, people in many areas denied that a farm crisis existed. For these people, the long-term effects of the problem do not exist.
2. **Lack of agreement concerning dimension and magnitude of the crisis.** Unlike many disasters in farming where the consequences were visible and readily assessed, such as number of bushels lost, number of diseased livestock, etc., it has been very difficult to obtain objective indicators of the extent of difficulties.
3. **Ambiguity of its causes, a problem of labeling the crisis.** The farm crisis meant different things to different people and has been referred to as a farm, a rural, an agricultural, or a credit crisis. It was rarely recognized as a "social" crisis, which increased ambiguity. Therefore, the complexity of the situation was magnified by lack of definition of the problem and its causes.
4. **Lack of agreement concerning the "victims" of the crisis.** Often those being adversely affected were viewed as "high rollers" or "poor farm managers." "Blaming-the-victim" often occurs in crises. Because there is no consensus that certain farm families were victims of events beyond their control, response efforts were hampered or delayed. Previous victims of agricultural difficulties typically did not have to convince the public that a crisis situation existed.
5. Closely related to the issue of societal definition that there were people deserving of public support was the **added burden of identifying those populations.** In many previous agricultural crises, it was relatively simple to identify them--they were the ones who lost their crops or had experienced other significant loss. People of these crises were generally quite visible, and there was public agreement that they needed and deserved help. Without detailed financial information, it has been very difficult to distinguish those who have been adversely affected from those who do not need assistance.
6. Another important dimension of the farm crisis is the problem that **people are in different stages.** Some families' problems culminated four or five years ago, while others are just now being impacted. Intervention strategies must recognize the subtle but important differences among farm families. Help is most effective when problems are recognized early.
7. **The diversity of population** in terms of farm size, products, geographic location, and family characteristics such as number of children, stage in life cycle, level of education, and age, further complicated intervention strategies.
8. Finally, **while the farm problem has been called a crisis, it is necessary to recognize that it is a long-term condition.** Normally, crises are defined as short-term, traumatic events, contrary to the long-term problem faced today.

As a result of the ambiguities, intervention strategies must be employed to respond both to immediate, short-term needs as well as to the long-term problems.

WHAT ARE CONFLICTING ISSUES THAT FURTHER DIVIDE RURAL COMMUNITIES?

In 1988, conflicting reports emerged about the "farm crisis" and rural economic recovery. Land values in some areas began to rise. As a result of government payments and livestock prices, some farmers and ranchers had record net farm income. However, others were adversely affected, and some were forced to leave their businesses. These were business people who had been operating for years and had managed to make it through the "crisis" years, but who could hold on no longer. The exhaustion level of people who are on the edge of losing their livelihood speaks to the danger of ongoing stress.

"The plight of the rural poor is worsening at an alarming rate. Poverty in the countryside now exceeds that in the nation's biggest cities," (McCormick, 1988, p. 20). Non-emergency trips to the doctor and dentist have decreased because insurance premiums could not be paid. Necessities--food, shelter, clothing--have become luxuries. We may, in fact, be beginning yet another phase of the "rural transition," only this period is assuredly a protracted time. How much longer can rural populations endure the stress of rural transitions?

DISCUSSION:

8. **If you have a rural background, do you recall happy memories? Harsh or sad memories? Would you be willing to talk about experiences you think have a rural base? Do those past experiences differ with today's view of "rurality"?**
9. **What might you do to help further understanding of the transition occurring in rural communities? (Note: This question lends itself to breaking into small groups and "brainstorming" for possible suggestions. Give each group 5-10 minutes, ask that they appoint a "recorder," and that they return with a list of possible solutions for their recorder to report to the group at large.)**

SUMMARY

You have been introduced to some agricultural history and how the agricultural system affects rural communities. Rural and farm definitions have been included in the glossary section of Module 5. The Module 1 Appendix includes articles about:

> History of Agriculture: a chronological history of agricultural events, beginning with the introduction of price supports in 1933 to the most recent and ongoing drought.

A Diversified Farm Cycle: a brief "picture" of seasonal work responsibilities on a diversified farm operation.

Financial Information of a "Typical" Farm Operation: a summary of farm earnings or enterprise statement, outlining expenses and income for an average of 150 operations.

Some Facts about Rural America

Ideas may be forming regarding the effectiveness you can have in your rural community. You may have formed some opinions regarding your feelings about the rural transition. Following are possible openings to discussion about your specific situation in the rural context.

DISCUSSION QUESTIONS

1. As you listened to the Lowell's story, what emotions did you experience? How might you respond to Marjorie and Paul if they were sitting with you today? (Note: If folks are hesitant to respond, the presenter can have them jot descriptive words on a piece of paper and throw these into a hat. The presenter can then read and lead discussion around these contributions. The important aspect is that the participants begin to feel a part of the material.)
2. Do you have family or friends who have experienced similar crises in their lives? Were their reactions similar to Marjorie and Paul's?
3. If so, were you able to be supportive to those friends or family members? How?
4. Some people feel that farm problems are due to"bad managers." Would you agree that there are complex factors surrounding the term "bad managers"? Why or why not?
5. Is your community experiencing population loss? Are Main Street businesses closing or continuing to close?
6. If so, is there anything you and your community might do to counteract the outmigration and population decline?
7. Are there still folks in trouble in rural communities? Who, besides the farmer, is feeling the impacts of the past eight to ten years? Does that affect you?
8. If you have a rural background, do you recall happy memories? Harsh or sad memories? Would you be willing to talk about experiences you think have a rural base? Do those past experiences differ with today's view of "rurality"?
9. What might you do to help further understanding of the transition occurring in rural communities? (Note: This question lends itself to breaking into small groups and "brainstorming" for possible suggestions. Give each group 5-10 minutes, ask that they appoint a "recorder," and that they return with a list of possible solutions for their recorder to report to the group at large.)

REFERENCES

Beeson, Peter & Johnson, David. (1987, May). A panel study of change in rural mental health status: Effects of the rural crisis, 1981-1986. Paper presented at the National Institute of Mental Health National Conference on Mental Health statistics, Denver, CO.

FAPRI (Food and Agricultural Policy Research Institute). (1988). Ten-Year international agricultural outlook. Staff Report #1-88. Columbia, MO: Iowa State University and University of Missouri.

Hargrove, David. (1985, June). Perspectives of the rural crisis and its impact--social implications. Paper presented at Conference on Mental Health Responses to the Rural Life Crisis, Des Moines, IA.

Heffernan, Judith & Heffernan, William. (1986). When families have to give up farming. Rural development perspectives, 2 , (3), 28-31.

Lasley, Paul, Conger, Rand, & Stofferahn, Curtis. (1986). Summary and conclusions. In P. Lasley & R. Conger (Eds.), Farm crisis response: Extension and research activities in the north central region (pp.1-4). Ames, IA: Iowa State University, The North Central Regional Center for Rural Development.

McCormick, John. (1988, August 8). America's Third World. Newsweek, pp. 20-24.

Mermelstein, J. & Sundet, P. (1986). Rural community health centers' responses to the farm crisis. Human Services in the Rural Environment, 10, (1), 21-26.

Ostendorf, David. (1987). The church and the covenant of the land. In Karla Schmidt (Ed.), Renew the spirit of my people: A handbook for ministry in times of rural crisis (pp.1-10). Des Moines, IA: Prairiefire Rural Action.

U.S. Senate, Committee on Governmental Affairs, Subcommittee on Intergovernmental Relations. (1986). Governing the heartland: Can rural governments survive the farm crisis? (S. Prt. 99-176). Washington, DC:U.S. Government Printing Office.

Watkins, J. M., & Watkins, D. A. (1984). Social Policy and the Rural Setting. New York: Springer.

HISTORY OF AGRICULTURE

Chronology of Selected Events

1933	First major price support & voluntary acreage reduction program.
1933	Creation of Resettlement Administration (became FmHA), the Commodity Credit Corp., and the Farm Credit Administration.
1938	Federal Crop Insurance Corp. created in the Dept. of Agriculture.
1942	Tydings Amendment: Farm or fight clause to stop farmers from leaving the farm for higher paying jobs.
1942-44	Rationing of farm machinery by the U. S. Dept. of Agriculture.
1956	Soil Bank established providing financial assistance for conversion of cropland to conservation use.
1971	Increased borrowing limit with Federal Land Banks from 65% to 85% of collateral value.
1971	Investment Tax Credit increased investment in agricultural equipment by nearly 20%.
1973	Increased the ceiling on operating loans from $35,000 to $50,000. Federal loan guarantees for farm credit to commercial funding sources.
1973	Agriculture and Consumer Protection Act of 1973: expanded production to meet world demand. Increase in land prices and production. Target prices for particular crops and deficiency payments were introduced. Ceiling of government payments lowered to $20,000 from $55,000 per crop on certain commodities.
1973-74	Oil Crisis
1975	World Recession.
1976	Lowered estate tax on farms by the valuation of farm land based on farming use and not potential for residential or commercial development.
1977	Increased price and income supports, established farmer-owned grain reserves with government paid storage costs. Acreage allotments to limit production. Ceiling of government payments raised from $20,000 to $50,000.
1978	Emergency loan program and moratorium on Farmers Home Administration foreclosures. Loan ceiling at $400,000 per farm for farm expenses (excluding expansion). Family corporations, cooperatives and partnerships were added to farm loan eligibility list. Interest rate set at 5%.
1979	The American Agriculture Movement tractorcade on Washington lobbying for higher prices.
1980	Agricultural Credit Adjustment Act was extended. Emergency loans no longer at reduced interest rate.

1980	Increased borrowing limit with Federal Land Banks from 85 to 97% of collateral value.
1980, 82	Removal of farm credit from local monetary market, tied to national financial market. Removal of interest rate controls, rising interest rates.
1980	Federal Crop Insurance Act of 1980: increased payments on covered crops but eliminated most disaster payments to farmers.
1980	Grain embargo to the Soviet Union.
1981	Peak of export income. Low prices for many subsidized crops. Increased concern with the federal deficit.
1981	Removal of link between target prices and inflation.
1982	Land values began falling. Record harvest, world recession, first decline in exports since mid-70s. Domestic surplus led to lower prices. Farm delinquencies increased dramatically.
1983	Payment in Kind (PIK) Program initiated: high participation and retirement of record 82 million acres from production.
1983	Drought (the worst at that time since the depression.)
1984	Freezing of target prices.
1985	Good harvest, but farm income decreased due to low prices.
1985	5-year Farm Bill: lowering of price supports, maintaining income supports and continued acreage controls on production. Conservation program participation required for price and income supports.
1985	Farm Credit System reports first net operating loss in more than 50 years.
1986	Drought in the South. Volunteer hay lift. Chernobyl nuclear disaster raises grain prices. Record corn crop produces storage problems. Over 60,000 farms go under--the most in more than a decade.
1987	Reorganization of the Farm Credit System, FmHA reforms, secondary market for farm mortgages, increased rights for FmHA and FCS borrowers, financing for state farm debt mediation services, inventory resale for FCS and FmHA inventory.
1988-89	Most severe drought on record, centered in the mid-west. End of FmHA foreclosure moratorium.

From:

Guither, Harold & Halcrow, Harold. (1988).The American Farm Crisis. Ann Arbor, MI: Pierian.

Linda Little, Francine Prouix, Julia Marlowe, & Patricia Knaub. (1987). The history of recent farm legislation: Implications for farm families. Family Relations, 36, 402-406.

New law can create 15,000 farming opportunities. (1988, January, p. 3) Center for Rural Affairs Newsletter. Center for Rural Affairs: Walthill, NE.

1986: Year of contrasts. (1987, January, p.12P). Farm Futures. AgriData Resources. Year of contrast. Milwaukee, WI: January.

'88 Drought will leave broad scar, report says. (1988, August 3) World Herald.

DIVERSIFIED FARM CYCLE

SPRING (March - May)

Prepare ground, plant crops.
Tax return preparation.
Sign up for government programs.
Cultivate up to three times.
Care for newborn livestock.
Tag, vaccinate, castrate, dip, dehorn, brand livestock.

SUMMER (June - August)

Wheat harvest.
Plow wheat fields.
Irrigating: round-the-clock monitoring.
Negotiate leases.
Move livestock to summer pastures.

NON-SEASONAL

Caring for livestock.
Marketing decisions.
Shipping of products.
Monitoring condition of stored grains.

FALL (September - November)

Plow, disc, fertilize.
Plant winter wheat.
Cultivate.
Harvest: soybeans, milo, corn, sunflowers.
Shred corn and milo stalks.
Repair of terraces, machinery, fences and buildings.
Move livestock to winter pasture.

WINTER (December - February)

Financial decisions; funding arrangements.
Management decisions: crops, fertilizer, herbicide, rotation.
Purchase seed.
Ground preparation, planting of oats.

Summary of Farm Earnings (Average of 150 Farm Units)

Size of farm - 765.8 acres

1	Returns and net increases	
2	Productive livestock	
3	- dairy cows	8928
4	- other dairy cattle	2630
5	- beef breeding cattle	8528
6	- feeder cattle	12838
7	- hogs, complete + mixed	12604
8	- hog finishing enterprise	22787
9	- producing weaning pigs	12008
10	- sheep, goats	127
11	- sheep, feeder lambs	26
12	- chickens (hens and broilers)	88
13	- turkeys	0
14	- other productive livestock	823
15	Total Net Increases all Productive Livestock	81387
16	Value of feed fed to Livestock	38491
17	Return over feed fed to livestock (15 minus 16)	42896
18	Crop, seed and feed	69809
18A	Crops or supplies purchased for resale (net)	629
19	Cooperative patronage refunds	143
20	Miscellaneous farm income	9489
21	Custom work enterprise	372
22	Total Returns + Net increases	123338
23	Expenses and Net Decreases	
24	Truck and auto (farm share)	5868
25	Tractors and crop machinery	18978
26	Irrigation equipment	2234
27	Electricity (farm share)	1814
28	Livestock equipment	3081
29	Buildings, fences & tiling	5072
30	Bare land	
31	Miscellaneous livestock expense	4015
32	Labor (Hired minus operator labor income received)	7548
33	Labor charge for other operators	854
34	Property Tax (personal and real estate)	2989
35	General farm expense	4305
35A	Telephone expense	500
36	Interest on farm capital (7% opportunity charge)	47398
37	Total Expense and Net Decreases	104677
38	Return, labor and management (Single operator)	18661
40	Full time operators equivalents	1.08
41	Return to operators labor, management/full time operators	18069

Nebraskland farm & ranch annual report-1986. (1987, April). Farm and Ranch Business Management Education Program Report. Seward, NE: Adele Publishing.

SOME FACTS ABOUT RURAL AMERICA

"The social problems of the open country cannot be understood apart from such phenomena as the drift to cities, the improved means of transportation, the raising of educational standards, the wider use of farm machinery, the hard struggle for adequate economic returns, the decline of the rural and small town population, and similar factors that are transforming the whole nature of rural life." (Steiner, 1980, p. 158).

GENERAL

- Unemployment is consistently higher in nonmetro areas--8.4% vs 6.9% in 1985.
- Rural areas specialize in production industries, urban areas in service industries.
- Rural educational levels are increasing, but urban levels are increasing at a faster rate. The growing disparity is fueled partly by outmigration of college-educated persons from rural labor markets.
- Nonmetropolitan areas have a smaller number of persons aged 25-40 (baby boomers) who will be working well into the next century. This decrease in income will adversely affect the tax base of communities.

INCOME

- The average median income of rural areas in 1987 was only 73% of urban areas. This represents a decline from the highpoint of the late 1970s.
- Rural areas contain a disproportionate share of poor people. In 1987, the poverty rate was 13.5% nationally and 18.1% for nonmetropolitan residents. Poverty rates for metropolitan residents have fallen during the 1980s, but have held steady for most rural areas. (McCormick, 1988; "Family income," 1988.)
- Rural poverty families are almost twice as likely as urban poverty families to have a householder working full-time.

COMMUNITY SERVICES AND WELL-BEING

- Because of the high proportion of the elderly living in poverty, rural areas have higher mortality rates and lower self-reported health status than urban areas.
- Nonmetropolitan areas have only one-fourth of the nation's population but two-thirds of all local governments. Rural local governments serve very small populations, have scant resources, few full-time personnel and more limited expertise and information for decision-making.
- Rural areas generally trail urban areas in providing basic services and conditions associated with a better quality of life, (i.e. treated water, medical resources, safe bridges and highways, and paved streets) (CAUR, 1987).

Briefing Report No. 5. (1987). CAUR (Center for Applied Urban Research). Omaha, NE: University of Nebraska-Omaha.

Family income up for 5th year in a row. (1988, September 1). Lincoln Star, p. 1.

McCormick, John. (1988, August 8). America's third world. Newsweek, pp.20-24.

Steiner, Jesse F. (1980). Education for social work in rural communities: Rural Sociology--Indispensable or merely desirable? In E. E. Brawley-Martinez (Ed.), Pioneer efforts in rural social welfare: First hand views since 1908, (pp. 156-162). University Park: The Pennsylvania State University Press.

Objectives

1. Learn history behind the "rural transition" as it pertains to rural communities and to you as a human service provider. Define the "farm crisis" of the early 1980s and the long-term changes as a result of the crisis.

2. Enhance sensitivity to the agricultural economy in rural communities and to larger social and economic issues; increase awareness of family and community needs and resources.

3. Become familiar with rural terms and how that familiarity enhances communication.

4. Utilize the Lowell's family story to understand financial, social, and interpersonal dynamics and transfer them to community systems.

5. Stimulate ideas about current personal and community experiences in rural environments and how, as a human service provider, you can better meet the needs of your community.

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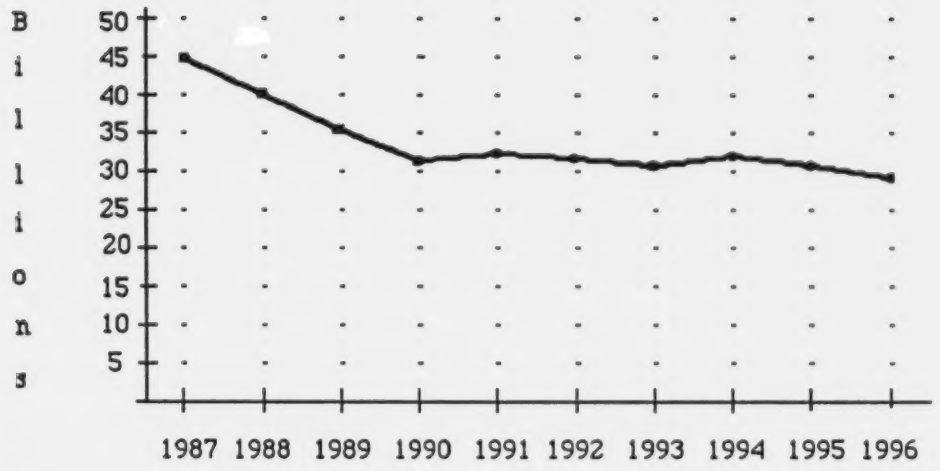
Projected National Farm Income



In 1987, the net farm income was $45 billion in nominal dollars, including government payments (or $20,455 per farm family).

In 1988, it is projected to be $40 billion, gradually stabilizing at around $30 billion per year by 1996, or $13,600 per farm.

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FAPRI (Food and Agricultural Policy Research Institute). (1988). Ten-Year international agricultural outlook. Staff Report #1-88. Columbia, MO: Iowa State & University of Missouri.

Differences between the Farm Crisis and Other Periods of Transition

1. There is lack of consensus that there was a crisis.
2. There is lack of agreement concerning dimension and magnitude of the crisis.
3. The problem of labeling the crisis sprung from the ambiguity of its causes.
4. There was lack of agreement concerning the "victims" of the crisis.
5. There was an added burden of identifying those populations.
6. People involved in the transition are in different stages.
7. There is a wide diversity of population and needs.
8. While the farm problem has been called a crisis, it is necessary to recognize that it is a long-term condition.

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Lasley, Paul, Conger, Rand, & Stofferahn, Curtis. (1986). Summary and conclusions. In P. Lasley & R. Conger (Eds.), Farm crisis response: Extension and research activities in the north central region (pp.1-4). Ames, IA: Iowa State University.

HUMAN SERVICES IN THE RURAL TRANSITION

MODULE 2

Human Consequences of the Rural Crisis

The purpose of Module 2 is to present information to increase awareness and sensitize to diverse reactions of the rural transition, including grief, blame, isolation and stress.

OUTLINE

	Page
• Procedures for Teaching	2
• Objectives and Background Information	3
• What do I need to know to increase my awareness of the rural transition?	4
• The Lowell Family: Part 2	5
• Diverse reactions to the transition of rural communities.	8
• What is meant by "grief" over the loss of a farm or rural business?	9
• How is grieving over the loss of a farm similar to the loss of a family member or friend?	11
• Dealing with blame.	14
• Neighboring in times of trouble.	17
• How can the community counteract isolation and provide support?	18
• Stress	19
• What does loss mean to children?	23
• How might a community react to chronic stress?	24
• Summary and Discussion Questions	27

Great Plains Staff Training and Development for
Rural Mental Health Project
University of Nebraska-Lincoln

PROCEDURES FOR TEACHING

Materials: Flip chart or blackboard, overhead projector and screen, VCR for VHS video or tape player for audio tape. Determine handout material to be reproduced.

1. Introduce yourself and explain the "housekeeping rules": location of restrooms, smoking areas, break times, availability of refreshments, an outline of the schedule, and formality of presentation (May questions be asked during the presentation? May people move around freely?).
2. Ask participants to introduce themselves, including their affiliation, to begin the linking process. An icebreaker activity may be used (see Introduction). Registration of the participants is recommended. Distributing attendance lists encourages ongoing communication. Name tags are useful in encouraging familiarity with names, particularly if group participation will be used.
3. Present **Objectives** of this module. Graphic #2-1 may be used as either an overhead transparency or a handout.
4. Present **Background Information** and ask for additional questions or contributions that need to be considered, listing on a blackboard or flip chart.
5. Explain that the case study is about a rural family that will be presented in segments (or in full, if you wish). Ask them to be thinking about how the story affects them and how they might respond to a similar situation. If you are not using the video, the audio tape can be played or the story can be read by "volunteers" (have two copies available for "Paul" and "Marjorie"). If you need to explain a segment the participants have not seen, do so.
6. Start the second segment of the story.
7. Ask for feedback. "Do you hear different emotions being expressed by Paul and Marjorie? What are they? (Note: Marjorie tends to express more anger than Paul. Paul gives a sense of hopelessness.) What factors might affect the different emotions they express?" If people do not volunteer, ask specific people or ask a person before the presentation to be the first "volunteer." The important aspect of this discussion is that participants feel a part of the Lowell story.
8. **Discussion Questions** are listed in the text following the case study. You may want to discuss one or more of the questions, some of your own questions, or those of the participants. You may want to break a large group into smaller discussion groups (see Introduction).
9. Present the remainder of the module. Appropriate questions are identified throughout the text.
10. "Farming Stress Inventory" and "Revised Ways of Coping Checklist" in the appendix may be useful to promote group discussion on stress. These are not for "scoring" but to show what factors enter into stress and coping techniques.
11. Summarize Module 2 and ask for remaining questions or thoughts.
12. Identify the Module 2 Appendix articles for further information. Do you have handouts? Will you make this available? Decide how material will be used before the presentation.

Graphic #2-1

OBJECTIVES

1. Explore diverse community reactions and attitudes to the rural economic condition.
2. Enhance understanding of rural communities' financial, social, and emotional responses to the long-term changes.
3. Become sensitized to the protracted grief processes throughout rural communities.
4. Explore stress symptoms and characteristics of chronic stress.
5. Examine differences in adult and adolescent stressors.

BACKGROUND INFORMATION

- Differences between the attitudes of rural and urban people increase the complexity of rural dynamics.
- The elderly and school age populations comprise the majority of rural communities. Many adults are commuting to regional centers for employment opportunities.
- The loss of a farm or a rural business may induce a protracted grieving process that could take 5-10 years to complete. A feeling of helplessness often results from the loss of control over one's life.
- Communities have mixed reactions to the rural transition. Blame for the declining rural economy has come to rest on various rural "groups."
- People are affected in some manner by the decline of their community. Some reactions may be increased substance abuse, increased violence, inappropriate child and adolescent behavior, chronic depression, and an increase in the suicide rate.
- While stress has negative aspects, it can also have positive results.

HUMAN CONSEQUENCES OF THE RURAL CRISIS

WHAT DO I NEED TO KNOW TO INCREASE MY AWARENESS OF THE RURAL TRANSITION?

For many years rural communities thrived as smaller trade centers to surrounding farms and ranches, and the majority of the business activity was related to agriculture. Many rural residents took great pride in remaining self-sufficient. With the introduction of advanced technology, transportation, and communication, larger and more distant regional areas became accessible to these communities. Still, small towns were able to survive by continuing to be partial trade centers for the outlying rural populations.

Most rural populations have a sense of pride in their heritage. The family land or business can be a sense of identity for the rural person. Many times the family business has been owned and passed down through generations. So the "identity" of which we speak has to do not only with land, but with work ethics and backgrounds which are centered in the family.

The rural identity is a complex phenomenon and can be difficult for the nonrural person to understand. When an urban person loses his or her home or has to move to find other employment, they do not lose their entire identity. But when a farm family is forced to leave their farm, they are leaving behind an entire way of life that is not easily reestablished. It is not only the disengagement, but the potential of the future, that causes negative stress. This same loss of identity can also occur with the rural business person who has taken over his or her family's business, whether it be the local grocery store or the farm machinery dealership. As a result of the rural transition, people who are a part of the rural lifestyle tend to experience a protracted sense of grief because they must deal with many different changes and losses in their lives.

Listen to Marjorie and Paul as they relate the blame and grief their family experienced...

Continue Video
10 minutes

THE LOWELL FAMILY

Marjorie:

There were many other things going on in our lives, as well. The kids felt ostracized from school, partly because they couldn't join the social activities but also because they felt their classmates thought farmers were to blame for the hard luck the community was facing. Some business people, including my brother who was running my father's hardware store, felt that the losses of the farmers in our area were causing serious problems in the town's economy. The Farm Co-op laid off workers, and the farm equipment dealer closed his doors. Worst of all, there was talk about consolidating our school and cutting back on expenses by increasing the teaching load. We noticed for the first time that our county roads were not being repaired.

I stopped going to extension club and my card club primarily because I was embarrassed, and because I couldn't reciprocate. We stopped attending church as regularly. At first, we kept going because we wanted everyone to think all was well, but it got to be too painful. It seemed to us that we weren't wanted--that, in fact, our hard luck might affect others. It was almost as if we had worked hard all our lives and now the God we knew to be kind and gentle was punishing us. Plus, both our families belonged to our church, and we would have to see them there. They knew we were going through some tough times, but I don't think they knew how serious. They seemed to feel uneasy around us, not knowing what to say.

Paul:

We dropped everything. We noticed the impact of farm problems hitting the rest of the town. I couldn't talk about it to anyone, though, because I either owed them or someone close to them money. I knew they knew how bad off I was. I couldn't face them.

I knew we'd have to let the extra land go, maybe some of the machinery, too. I'd have to get a job of some kind just to put food on the table. Maybe Marj would have to get a job, too. Having my wife working in town was almost too much at this point. I just blocked it out. I guess I blocked Marj and the kids out a lot at the same time.

The sale of the land and machinery was the pits. I could have walked off the farm then and never came back. Now it was really out in the open. Everyone left us alone after that. I don't think that bothered me because I wasn't having much to do with anyone by that time anyway. I hadn't been to any get togethers for a couple of years, but for Marj and the kids it was worse. I was asking them to work hard out here and offering nothing in return, not even a little hope that this would all work out. Working in town and doing the farming in the evenings and on weekends was just too much! Sometimes I got to thinking that if Marj collected on my life insurance and left, she and the kids would be better off. I was really burned out over the problems. Marj just kept struggling with it all. I thought maybe we all would burn out.

I knew the kids were hurting. They wouldn't talk to me. How could they? I had dropped the ball and made the mistakes, and now none of them could have any fun or do anything. Their friends soon quit asking them to go out since they could never go,

anyway. I thought I knew how Marj and the kids must be feeling, and it was all my fault. Marj said we'd been misled by the bank, FLB, and the extension agent, but I knew I was a good businessman, and I thought I knew what I was doing. I couldn't blame anyone else. Those people who do are looking for excuses. I made the decisions, and I'm responsible for them. I know Marj needed some security in her life, and I had none to offer her.

Marjorie:

Paul and I both took jobs in town. Paul worked part time so he could work on the farm afternoons and nights. Sometimes he would work until 2 a. m. in the fields, come in, grab a couple hours' sleep, and be at work at the post office at 5 a. m., sorting mail. My job was from 8-5, so I couldn't help out all that much after I got home, since I had meals to prepare and kids to "herd."

Our lives were grim. It seemed all we did was work, sleep a little, and worry about the budget. Luckily the kids were understanding and pretty self-sufficient, but we all suffered from lack of family activities. My time with Paul was drastically reduced, and I felt like I'd lost all the support of my family. I didn't like the fact that even though the kids seemed to adjust, they still carried a heavy load with nowhere to dump. Paul and I weren't home with them, and I felt guilty about that. I had heard about "latchkey children," but I never thought about that happening in the country! Obviously, the call from the school superintendent indicated things were going on that needed our attention. I felt in a quandary about which comes first, the children or the budget.

We returned the additional acres, and now are working with our lenders to try to keep the original 240 acres.

Paul:

After a year of working in town, I wanted to be able to cut down on my hours so we could start rebuilding the farm, but Marj wanted secure income to take care of family needs. We had been used to having the things we wanted when farming was going well. Now all I heard was the griping if someone couldn't have something they wanted.

Since Marj started working, she wanted to tell me what we were going to do with the money. We even got to the "your money" and "my money" point at one time. She wanted to have a lot more to say about the farm, too. That had always been my job, my realm. She started trying to tell me how to do things. But what can I say? Most of the cash we had available did come from her job. We didn't talk much, and when I was home, I was just as glad no one said anything. At least the silence didn't require anything of me. In fact, I hoped the silence would go on since then at least no one was pointing out what a mess I'd made of things.

Working in town was an uphill struggle right from the start, but we didn't know what else to do. One car was never enough, and Marj was always buying clothes to wear to work so we couldn't even think about another one. But, it was her money!

She was always worried about the kids. She could talk about everything they did over and over. Once she knew she could handle the job thing, she started taking in every school function there was. I'm not even sure she didn't help make up some new ones to attend. The kids may have even felt a little out of place as suddenly Marj switched from no time or money for them to nothing but attention for them. But when I suggested Marj lighten up a little, you'd have thought I said "Ignore pneumonia!" Marj was really being super mom, now. Super on the job, super for the kids, and a super housekeeper. I really wondered why I just didn't quit farming.

DISCUSSION:

1. **Do you hear different emotions being expressed by Paul and Marjorie? If so, what are they? (Note: Throughout the story, Marjorie tends to express more anger than Paul. Paul gives a sense of hopelessness.) What factors might affect the different emotions Marjorie and Paul express?**
2. **Have you experienced feelings of helplessness or hopelessness in working with people affected by the rural transition? If so, how did you handle those feelings?**
3. **When nonfarm people refer to government subsidies as "giveaways" and "gifts" to farmers, how might you respond? If nonfarm people sum up the rural crisis as the "poor manager's" fault, do you owe anyone an explanation? If so, how would you respond?**

DIVERSE REACTIONS TO THE TRANSITION OF RURAL COMMUNITIES

Reactions of the rural community toward farmers... farmer toward community, farmer toward lenders, other farmers, neighbors, and family.

The rural population has been on a decline for the past several decades, except for one minor jump in the 1970s as a result of a spurt of energy development. For the most part, population in rural areas has decreased. The decreasing number of farms contributes to continued rural decline. Remember that for every 7-8 farms that go under, one small business folds in the impacted area (Ostendorf, 1987).

As population in rural areas declines, the tax base of communities is adversely affected and many services are no longer available. Rural communities are left with a "gap" in the population. The working adults are forced to leave their communities to obtain employment. The elderly and the young who do not want to leave or cannot leave, remain.

The rural community slowly begins to feel the effects of the spiraling economy. Banks, usually eager to loan money, have been badly burned with farmer and rural business losses. Some banks were forced to close; others were purchased by larger banks, and changes were enforced regarding their lending policies. Main street businesses can no longer afford to keep their doors open, and proprietors, too, are forced to move elsewhere. With the outmigration of these populations, there is a decline in community leadership and a general "weakening of bonds" which occurs as the community changes.

Leaders remaining in a rural area are struck by the seemingly immense task of trying to keep their community viable, not only in terms of population, but also investment capital. These people become tired and discouraged, and the need for enthusiasm and new energy grows.

Adverse human consequences begin to appear. With the declining economy comes not only a decrease in human services, but the means to reach those services. People isolated from services have no "safety net," and they are vulnerable to further economic setbacks. They have exhausted all their resources, and they are at high risk to sudden emergencies. It may be that they have had a series of events, and it is difficult to predict what will be the breaking point.

One of the first nonessential items to go in a family in financial trouble is insurance--medical, life and property. With no insurance, the family is likely to avoid seeking medical help or dental checkups. They stop purchasing medicine that may be important to their health. Their overall physical condition, already affected by mounting stress, deteriorates. It has been documented that rural health practices are below most urban standards (Kerr, 1981), and this unavailability of services assures further health problems. When families cannot pay day-to-day expenses, they feel

hopeless and helpless. Eventually, an atmosphere of chronic depression may set in, and the family becomes paralyzed.

The community may respond with empathy and support or they may respond with actions that appear to be indifference, anger, or blame. The family in trouble may reach out, but it is more likely they will begin to isolate themselves, not knowing where to turn for support. Marjorie and Paul's reaction was to stay away from friends and family because they felt tension with everyone involved.

Parents are likely to "protect" their children by keeping problems from them. This can cause the children to be even more confused and anxious. If the family includes school age children, as in Marjorie's family, these children may become subject to teasing and ridicule. The children usually become angry and confused about what is happening. They may not recognize and are afraid to discuss their fears with anyone, including their best friend. The family in trouble begins a grieving process that may continue for years.

WHAT IS MEANT BY "GRIEF" OVER THE LOSS OF A FARM OR RURAL BUSINESS?

As the Lowells mentioned, their family "slumped" into a numbness. Marjorie described their feelings as anger and denial. They were not able to perceive their situation realistically. This stage of loss is often compared to the loss through death of a family member or friend. Robert Veninga (1985) talks about the "Stages of Heartbreak," which are similar to Kübler-Ross' stages of grief (1969):

1. The Bombshell
2. Deliberate Activity
3. Hitting Rock Bottom
4. The Awakening
5. Acceptance

After the loss of their "expansion" acres, or "The Bombshell," Marjorie and Paul jumped into frenzied activity to save the rest of their land and assets. Though that reaction is typical (and often necessary), it can be a form of denial of further problems. Anger and denial are strong reactions to loss, and they carry the owner of those emotions into the future. As Marjorie suggested, their friends and families did not seem to want to be around them. Thus, isolation sets in, which further entrenches denial, anger, and guilt.

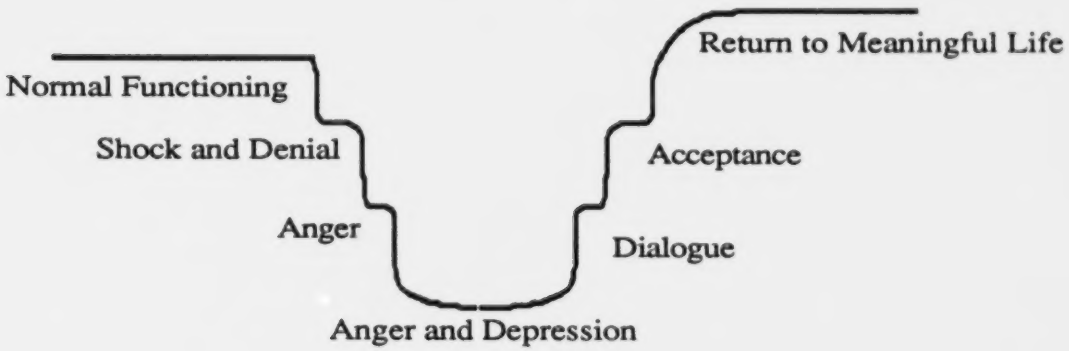
Grief tends to follow a common course, although in the loss of a farm or a family business, it is often protracted. For the farmer, the period of loss could last 5-10 years, and then, even if the loss of property is final, grieving continues. When grief is prolonged, it may increase chances of chronic depression and chronic health problems. It is not like other stressful events which reach a definite point of closure, as in death or divorce. There is seldom a time for the person to say, "There, it is over. It is time to

move on." Also, a person may be at a progressive stage when another "bombshell" hits. When this occurs, confusion increases, furthering the chronicity of grieving. Even if the loss has occurred rapidly, there is still the impending threat of loss of identity. For example, there have been cases of farmers still grieving the loss of their father's or grandfather's farm 30 years ago.

The following model illustrates one way of characterizing the stages of grief:

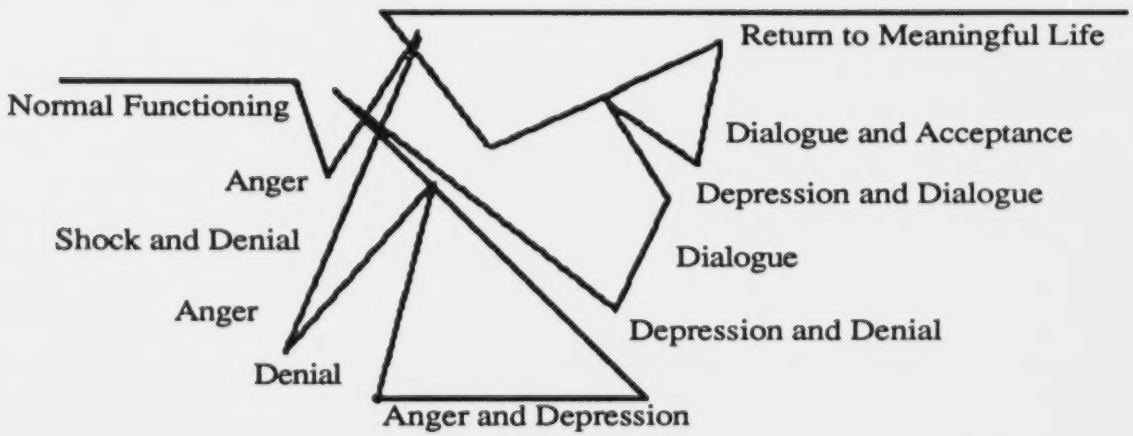
Graphic #2-2

Stages of Grief



(Molgaard & Flynn, 1985)

However, in reality, it may more closely resemble:



Emotions associated with loss, such as anger and depression, are generalized, and irritability is a natural result. Just when families need each other most, each person's own painful feelings make it hard to be understanding and sympathetic. One reason for blame and guilt is that spouses may be at different stages in the loss cycle. For example, the husband may be in a withdrawal stage or depression while the wife is still angry and blaming. In that case, the husband may feel that she does not care about him and his feelings. The wife, on the other hand, may feel that the husband is not trying hard enough or has given up.

In another family, the wife may have reached the stage of acceptance and is trying to make realistic plans for the future. She may feel unsupported by a husband who is denying that there is a problem or is too depressed to do anything. It is easy to blame a spouse who is not feeling what you are feeling.

It may be helpful for couples to remember that it is unlikely for both to be in the same stage at the same time. In fact, the situation may be worse if husband and wife are in the same stage, such as depression, and are unable to give support to each other.

HOW IS GRIEVING OVER THE LOSS OF A FARM SIMILAR TO THE LOSS OF A FAMILY MEMBER OR FRIEND?

Farmer (Nebraska): "It's like a death in the family . . . You have to understand the frame of mind. There is a belief here in the work ethic, a sense of justice that says, 'If I work hard, I'll do all right.' Well, farmers did work hard and they're going bankrupt. Some people can't handle it emotionally. Farming is all they've known. It's almost unthinkable for them to be off the land. They go through the stages of grief, denial, depression, guilt." (Bhagat, 1985, p. 12).

Graphic #2-3

Grief over Farm Loss

Val Farmer

Used with permission of author.

1. **Like some deaths, the loss of a farm may have been prevented.** There are many causes for the loss of a farm. Some have to do with timing of expansion, weather, prices, personal management, world economy, trade policies, government policy, relationship with lenders, changing technology, or unfair or negligent actions of others.

   If a farmer is self-blaming, the reaction is guilt. Guilt can stem from a violation of family trust. By failing to keep the farm in the family, he or she loses that for which others may have sacrificed greatly. The loss of the farm also affects the loss of an opportunity to pass on the farm to a child. Guilt can arise from failing to anticipate the conditions that eventually placed the farm at risk.

   On the other hand, if the loss is perceived to have been caused by the actions and negligence of others, then the farmer is beset with feelings of anger, bitterness and betrayal. This feeling extends to lenders, government, "uncaring" neighbors, expert advisors, the urban public, or deity.

2. **Like a chronic illness, the battle to save the family farm is lengthy and ambiguous.** Over the course of three or four years, the farmer experiences anticipatory grief (grieving the loss before it actually occurs) while at the same time trying to halt the threatened loss from taking place. The stress and the grieving intensify with each new setback. Each heartbreaking circumstance (failure to maintain cash flow, inability to meet obligations, loan refusal, failure to find financing, receipt of foreclosure notice, court appearances, farm auction, moving day) triggers the grief response.

   People grasp at unlikely solutions--anything to stave off the inevitable. They alternate between feelings of grief and hope, depending on circumstances. The process towards recognition of loss and acceptance is painfully long and uneven. They often regress to earlier stages of loss.

3. **Like an impending death, there is a conspiracy of silence around the threatened loss of a farm.** The loss of a farm takes place in a social environment where farmers are quite knowledgeable and competitive with one another in management practices. Personal pride and respect in the community are at stake. The ethic of self-sufficiency is strong as is the atmosphere for judging the mistakes of others.

   It is the perception of many people that anxieties and fears cannot be safely shared. The prevalent view of rural pride suggests that showing emotions is unacceptable and that misfortune should be stoically endured. Openness about personal difficulties includes exposure to the uncharitable scrutiny of the community. There may be little sympathy for persons who are seen as having brought problems on themselves.

   The failure of a business does not only involve the owner. The community must also deal with the loss. People with a strong sense of morality feel deep humiliation and shame when they cannot meet their obligations. Their reaction is to withdraw and avoid creditors and neighbors. The economically distressed farmer no longer shares a common frame of reference with those not in trouble. Other people do not know how to react to these families. The loss is ambiguous for them, too.

   There are no community rituals, like a funeral, where the community can rally to the family's aid and recognize the profound loss. A bankruptcy sale is a sort of funeral, but a painful one. The death of a person removes their physical presence from the living; the death of a farm is really the death of the family as farmers. The farm remains, physically being farmed by someone else. If a farmer remains on the farmstead or in the community, each spring and fall will be especially difficult. Like death, too many families are left alone in their grief.

4. **Like a death, the loss of a farm changes everything. To lose the farm is to lose part of one's own identity.** There may be no other occupation with as much potential for defining one's "self" so completely.

   The experience of being a farmer involves a unique integration of skills, entrepreneurship, animals, machinery, weather, land, management, and

> marketing. By leaving a farm, the family also loses a unique way of life. There is much that is special about family life on a farm. By leaving the community, the family loses cherished associations with extended family, neighbors, and friends and in many cases, a family history generations old.
>
> (Farmer, 1987)

As the Lowell's story attests, adjustment to significant loss takes time. Over three years of denial passed before Marjorie and Paul were able to admit that their problems were ongoing. They lost the additional acreage they purchased, but did not have the time to grieve over that loss. Instead they plunged directly into saving the remainder of their farm. What the denial seemed to do, however, was reinforce the first stage of the grief process, the denial that the first loss had occurred and that further loss was possible.

DISCUSSION:

4. **How might a community react toward the farmer who has had to leave his/her farm and go through bankruptcy proceedings? Angry? Sorry? Understanding?**
5. **If you had been a member of a community for years, enjoyed the community's neighborliness, the local friendliness, the churches, the sense of "belonging" and suddenly had to move from your farm and take another job, how would you react? What would be the most difficult for you in moving to a new area?**
6. **If you were a member of a rural community and did not lose your business but were forced to change your lifestyle because of decreased finances, how would that affect your sense of "loss"?**
7. **Imagine that you owned a farm machinery store in a small town and had enjoyed a good income from it. The year 1985 brings a rash of farm or ranch bankruptcies in your area, and you can no longer count on a "Marjorie or Paul" to update their machinery. The bank is afraid your projected income figures are no longer valid, so they begin to ask pointed questions about your future loan payments. In fact, you're not sure you'll be able to meet your next loan payment. What would you do about your situation? Would the bank be likely to extend your loan in light of all the farm bankruptcies taking place?**

Both Paul and Marjorie were deep in denial and, at the same time, angry at their loss. Without realizing it, they were angry at their own sense of powerlessness! So, as often happens, their anger erupted on each other, and they looked for someone to blame.

DEALING WITH BLAME

Adapted from Virginia Molgaard

Blaming occurs primarily in grief stages of anger and depression. It is only natural to feel anger when the farm, which has meant so much in the past and held so many hopes for the future, is in danger. It is important to remember, though, that while blame and anger are natural human emotions, they do not help in solving problems. Even though anger can be an appropriate emotion, we must move beyond blame if we are to heal.

It is natural to look for someone or something to blame when things are not going well or when we are hurt or threatened. For example, persons threatened with the loss of the family farm may find their anguish temporarily eased if they can find a place to put the blame. This section explains how and why people blame each other, with emphasis on the farm financial crisis.

ARE RURAL BUSINESSES BLAMED FOR THEIR FAILURES WHETHER OR NOT THEY ARE AT FAULT?

The act of blaming may stem from a need to understand a difficult situation. Somehow it is worse to feel that events are unexplainable than it is to point fingers at the "cause" of the problem. We think that if we can find out who is to blame, we may have some control over the outcome and our own feelings.

Who is blaming? Where loss of the family farm is concerned, blame can come from many directions, including the community, relatives, the spouse, and within one's self.

The Community Blames

Blaming and finger pointing are going on at the community, state, and national levels. When people say that only "poor managers" are losing their farms, they are blaming the farmers themselves. These blamers may be ignoring the effects of the national economic situation, including U.S. international trade policies and high interest rates. When local and national leaders minimize the problem by saying that the present farm situation is the farmers' fault, the farm family, already hurting, feels even more hopeless and discouraged. Actually, current economic conditions result from a combination of many complex factors.

The Extended Family Blames

"What's different is that this is not just a business failure. . . this is breaking of a generational trust. Your family has farmed the land for a couple of generations. You're not losing just a job but your history, your present, and your future. . . Most believe their lives are over" (Bhagat, 1985, p. 12).

It is very painful when blaming goes on within families. Many farm families today are in danger of losing farms that have been in the family for three and four generations. There is a love of the land itself, as well as a commitment to farming as a way of life, that makes it painful for the whole family when financial crisis threatens the future of the farm.

It is extremely difficult for the older generation to witness the loss of the farm that they and their parents were able to hold onto through the Great Depression. Many older family members are remembering how they survived by economic measures such as gardening and canning, home butchering, sewing their own clothing, and finding leisure activities that did not cost money. What these people ignore are the major differences between these times and those of 50 years ago. One difference is that during the 1930s almost everyone was hurting financially. In the 1980s, there is economic disparity, and each person's situation varies greatly. Today, some farmers and many rural people are doing very well economically, and there is a tremendous gulf between rural people who are losing everything and their well-to-do neighbors or relatives. Another difference is that technology has made rural people more dependent on money to meet their basic needs: utilities, food, and transportation. It is not as easy to economize.

There are more reasons why older family members have trouble dealing with their children who are experiencing financial hardship. The older generation frequently put the farm together in one of the most profitable times in the country, and their kids are losing it in one of the worst times. Farmers who bought and paid off their farms in the 1960s and 1970s did so during the most profitable period of U.S. agriculture history. Farmers during the early 1980s were trying to do so during some of the least profitable years historically. In the 1930s, labor represented about 72% of the capital investment on farms; today, it represents around 14% (Flora, 1987). So, working longer hours had much more impact on the financial status of an earlier farm than on today's farms. Also, parents may have loaned money or co-signed loans for their sons and daughters, and perhaps have lost some or all of their savings for retirement. The fear of parents for their own future may be a frustration that is expressed through blame.

However, the resentment of many young and middle-aged people worsens when they are blamed by other family members. Many farmers today who are losing family farms feel like failures who have betrayed a generational trust. There may be little they can do to win in the struggle to keep the farm. The blame they feel from the older generation may lead to severe depression and hopelessness.

In many cases, it is the male side of the family inheriting the farm, so the male feels more of the generational trust. "Intergenerational debt" probably will not be felt equally by husband and wife. If the farm evolved from the husband's family, the woman's commitment may be less. She may be ready to leave sooner and willing to sacrifice less than her husband, and there may be lack of congruence in marital decisions and a difference of time in making the decision to leave. This puts tremendous strain on the family and the marital relationship.

Blame might also occur if the wife has brought land into the marriage. It might be easy for her and her family to blame the husband if he has had direct responsibility for the farm operation. Or, one might blame the other for making a decision without consulting family members.

Unilateral decision-making in families places all the blame on one person. There is no shared risk-taking in unilateral decisions, and when communication breaks down,

the joint decision-making process (if it previously existed) ceases. What has appeared to have worked in good times now is the cause for blame in the bad times.

Farmer Blames Agencies

The farmer may think s/he followed the advice of "experts" at a time when expansion was considered the only option, and, because of that advice theirs is no longer a working farm. From preceding years' records and all indications of market and land values, financial experts and extension specialists recommended expansion of the farming industry. With prices rising and strong grain exports, it appeared farming and farm-related businesses had an optimistic future. As previously mentioned, no one counted on the many complex factors of interest rates, declining land values, the oil crisis, and the grain embargo to occur simultaneously.

Farmers Blame Themselves

"We're losing the farm and I'm the one who's been in charge. It must be my fault." Along with blaming others, farmers may begin to blame themselves, feeling guilt and failure. Others, especially those who have been taught that it is bad or sinful to be angry, may hold their anger inside and go straight to the depression stage. They immediately blame themselves when there is trouble. These people tend to ignore the fact that problems may have been due to factors beyond their control. Instead, they find reasons to blame themselves for earlier family and business economic decisions like the purchase of land or borrowing money.

While some self-blame is natural, the intensity and duration of guilt feelings can create a distance between the individual and the rest of the family. It is probably fair to assume that a major reason for suicidal thoughts and feelings, in the context of the rural crisis, may be the sense of guilt and failure on the part of the farmer or another family member. When situations continue to get no better, hopelessness and intense despair is pervasive.

(Molgaard, 1985)

DISCUSSION:

8. **You are being blamed for your community's economic decline. For example, the farm machinery store had to lay off two employees due to their reduced income, or the local banker is hesitant to loan to area farmers. What might that do to your family members? How would you feel, knowing you may be affecting your extended family as well as your immediate family? How does a community react if you cannot pay your bills? Does that reflect on a community's reputation, also?**
9. **How might losing a three- or four-generation farm affect your relationship with your father? Your grandfather?**

It might be assumed that when people lose their farm or are in serious danger of doing so, neighbors would rally in support of them emotionally, spiritually, and materially. We have seen how easy it is to blame, and there are stories of people who, while losing the family business, felt that they had also lost some or all of their neighbors. Marjorie and Paul spoke of the feeling that their neighbors no longer

wanted to spend time with them. There are aspects of community neighboring in time of crisis that might be helpful to explain.

Graphic #2-4

"NEIGHBORING" IN TIMES OF TROUBLE

Sara Wright & Paul Rosenblatt[1]
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Both a family and their neighbors may block ordinary support processes:

1. **Neighbors** who draw away from a family in trouble **may believe that their distance is polite and respectful** and a way to minimize the discomfort of the distressed family.
2. At the extreme, **there may be fear that saying or doing the wrong thing** could produce more sorrow or embarrassment.
3. **Neighbors may believe that their own well-being may be a source of pain to a family in serious economic trouble.**
4. **One may also feel survivor's guilt about staying in business when somebody else could not.**
5. **It is also possible that actions that do not initially seem like support are in fact intended as and felt as support.** For example, asking a neighbor for advice or assistance may be a way of saying, "You are still a member of my community." It may seem helpful not to acknowledge the loss but to provide "silent support," in effect to say that nothing has changed and that we still see you as a valued member of the community.
6. **Misfortune may seem contagious, and there may be both nonrational and rational bases for such a perception.** The family in trouble may feel their difficulties are contagious, particularly when they are blaming themselves, giving signals to their neighbors that say "keep away."
7. **Neighbors may avoid a family in trouble in order to avoid their own discomfort and anxiety.** People generally do not want to face the personal distress, depression, emotionality, disorganization, or strong words of families losing a business.
8. **Neighbors might want to avoid feeling fear about their own future** that might be set off in the presence of a family in serious economic trouble.

DISCUSSION:

10. If you were a farmer who was forced to sell your farm and your neighbor managed to keep his/her land, or in fact, was able to buy your land, how would you feel about that farmer?

[1] From: Isolation and farm loss: Why neighbors may not be supportive. Family Relations, 36, 391-395. Copyright National Council on Family Relations, 3989 Central Ave. NE, Suite 550, Minneapolis, MN 55421.

11. If you were the neighbor in the previous question, how would you expect your neighbor to react to your purchasing his land after years of neighboring? What could you do to maintain a previous friendship with that neighbor? Could you imagine feeling "guilty" because you were able to continue in farming?

The Lowells also talked about the feeling that their community was shunning them. The complexity of the rural crisis makes it seem that the existing community support network is breaking down. The community response to those in need may be equally as ambiguous as the neighboring response.

1. The breakdown phase of community process might be described as a "lame duck" phenomenon. A family unable to maintain an exchange relationship is treated as having already left the community. The family may also think that if they cannot reciprocate assistance, it is inappropriate to burden their neighbors.
2. The community can break down because the neighbors may have experienced an economic loss as a result of actions by the family in trouble.
3. The continued neediness of a community member can be perceived as threatening, particularly if the need is great. There can be a fear that they will ask for too much emotional support or too much time. The caregiver system can become exhausted over time, taxing available community support networks.
4. Community is also based on a certain amount of sharing of common experience. People who are leaving the area may no longer be seen as viable "partners" in topics discussed in rural meeting places.
5. Frequently, families in trouble do not have the resources to participate in community activities. For example, they may not be able to afford to bring a dessert to a covered dish supper, or keep a child in a community organization, or go bowling or shopping with their neighbors. This may make it difficult for their community to maintain contact with them.

Graphic #2-5

HOW CAN THE COMMUNITY COUNTERACT ISOLATION AND PROVIDE SUPPORT?

Sara Wright & Paul Rosenblatt

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1. The first step may be to **emphasize the importance of a sense of community.** Strengthening ties to friends, relatives, neighbors, church, community organizations, and a supportive crowd at the local café is a first step to coping with family problems.
2. A second step is to **help people be aware of factors working against a sense of community when experiencing a disaster.** It is possible to feel

distanced by one in need, especially if they are dealing with their own blaming. It helps to know that other families are experiencing distress. The value of helping a family pull through economic viability may make it more likely that the entire community may recognize its strength.

3. **Help people devise ways to deal with their distancing of other people's emotions.** Certainly one approach is to realize that one may be wrong about the emotions others are feeling. Often people make assumptions of others' feelings that, when checked for accuracy, are not true. A person may be showing no outward emotion, yet feeling extremely frightened, angry, or sad.
4. **Emphasize that people can often be helped by small deeds.** It may not take much effort to provide support. But seemingly small visits or insignificant conversation may make big differences.
5. It is important to **encourage people to find support when they need it**. People often do not recognize that they are distancing support, nor do they understand what they lose by doing so.
6. **Effective growth, development and maintenance of community require widespread support and knowledge of available resources.**
7. A final way to help counteract the neighbor's problem may be to **emphasize that the people in our lives are resources**. A large monetary loss need not rob one of relationship resources nor prevent one from being a relationship resource for other members of the community.

(Wright & Rosenblatt, 1987)

STRESS

A pervasive feature in rural communities is continued high levels of stress. People in rural areas experience more medical problems, higher rates of poverty and morbidity, and a higher rate of mental health problems, including substance abuse, family violence, depression, and suicide. When Marjorie and Paul spoke of their pain, they did not call it stress, per se. They spoke of the consequences of stress, such as fatigue, withdrawal, and ensuing arguments or faulty communication.

Graphic #2-6

WHAT MAKES AN EVENT A STRESSOR?

"No event, by itself, is stressful. Whether it will be stressful depends on how it is interpreted by the individual. Seventy-five to 90% of the illnesses we experience are stress-related. What are some characteristics that make events likely to create stress?

1. Undesirable events are likely to be stressful.
2. Uncontrollable or unpredictable events are stressful.
3. Ambiguous events are perceived as stressful.
4. Long-lasting stressors are more debilitating than short-term events."

(Walker &Walker, 1987, p. 11).

Some negative results of stress are:

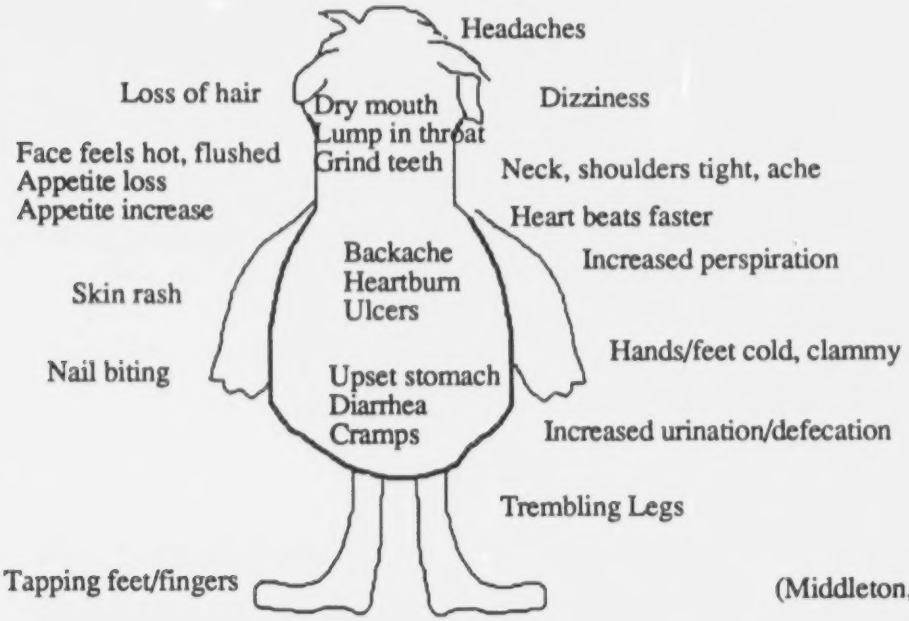
Persistent, intense depression
Frequent loss of self-control
Incapacitating guilt and self-doubt
Persistent family discord
Excessive drinking/drug use
Chronic sleeping or eating problems
Withdrawal and suspicion
Inability to concentrate
Outbursts of violence
Threats of suicide or other violent acts
Memory loss

Something to keep in mind when discussing stress is the number of stressors that can pile up. Families can usually live with "everyday" stressors that come with work, economy, and relationships. However, it is when stressors begin to multiply that the feeling of loss of control in one's life occurs. There have been cases of families appearing at helping agencies with the vague statement of, "Our tractor broke down." If that single "stressor" is evaluated, it might not be deemed so important as to have caused a person to come for help. However, if the tractor is the last piece of machinery that keeps the family from bankruptcy, and stress has been accumulating throughout the past four-five years, it may indeed be the crowning blow.

When stress becomes "distress" it drains us physically, emotionally, and socially. Stress affects people in different ways. Some of the physical signs and symptoms of distress include:

Graphic #2-7

Stress Symptoms : Physical Changes



(Middleton, 1983)

Chronic stress can result in frequent bouts with minor illness or more debilitating illnesses like colitis, cardiac problems, stroke and cancer.

Recall Marjorie's lists of stressors that began to pile up in their family. They include the first awareness that something was wrong, pinpointing financial problems, Paul's silence, breakdown of family communication, inability to sleep, weight fluctuations, isolation, behavioral problems with a child, possible problems with alcohol. These are only a few of the stressors that began to accumulate in a five-year period. It is important to be aware that a person's initial reason for asking for help may be only the most recent stressor!

IS THERE SUCH A THING AS GOOD STRESS?

Stress does not always have negative consequences, nor is it always to be avoided. Stress is a normal part of life! When we are living life purposefully--following our hopes and dreams and accepting the challenges life sends our way--we are experiencing "eustress" or good stress. When this happens, we are likely to feel energized and satisfied with life.

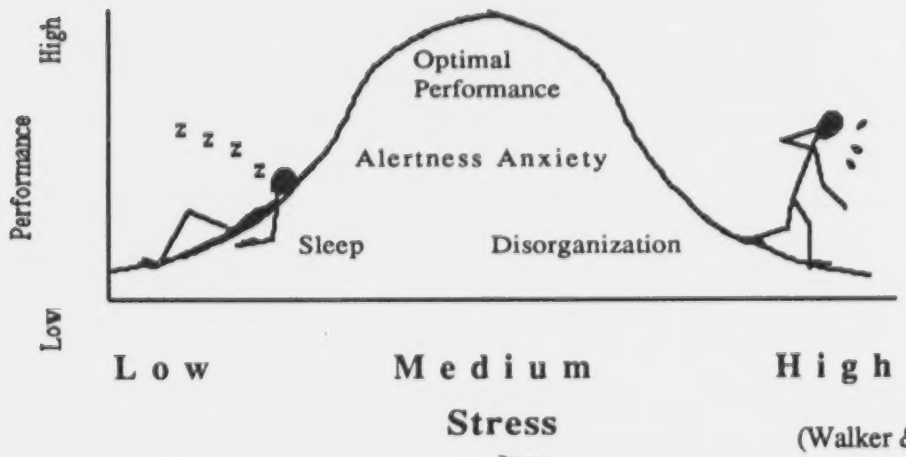
Graphic #2-8

Some positive results of stress might be:

Enhanced thinking and creativity
Sense of control
Becoming goal oriented
Improved morale
High energy level
Improved interpersonal relations
Flexibility
Resilience

Graphic #2-9

Stress Performance Connection



(Walker &Walker, 1987)

DISCUSSION:

12. **Discuss the "Farming Stress Inventory" and/or Ways of Coping Checklist (appendix). (Note: small groups could then meet and discuss: 15-20 minutes.)**

HOW CAN PEOPLE LEARN TO COPE WITH STRESS?

Adapted from Roger Williams

It is important to learn how to deal with distress. One of the keys is recognizing that much of the stress we experience is self-induced. Clearly our inability to say "no" or our tendency to get involved in too many things is one of the ways in which we create stress for ourselves. But there are other ways we induce stress. Some of the more common ones are: being overly rigid, being highly competitive, having perfectionistic tendencies, being impatient, setting unrealistic expectations, using negative self-talk, and allowing interpersonal conflicts to go unresolved. Since much stress is self-induced, we can reduce our stress level by reversing these behavioral characteristics. If we could learn to be less rigid, less competitive, and less perfectionistic, we would be well on our way to dealing with stress.

Physical Approaches

People experiencing distress tend to lose the motivation and energy to physically take care of themselves. By encouraging positive changes in the following areas, we can reduce many of the common stress-related problems.

Good Nutrition: Most of us need to reduce our intake of caffeine (coffee, tea, cola, chocolate), refined carbohydrates (sweet rolls, doughnuts, pancakes), saturated fats (butter, fried foods), and salt. Most of us need to increase our intake of fresh fruits and vegetables, legumes, nuts, whole grain breads, and natural sugars. Diet should be discussed with a physician.

Regular Exercise: Regular exercise is relaxing and counteracts stress. Stretching exercises and daily walks are excellent. Some form of aerobic exercise which exercises the heart and lungs (running, swimming, biking, aerobic dance) is also recommended three or four times a week. It is important to discuss your exercise plans with a physician before embarking on a rigorous program.

Adequate Sleep: Getting sufficient rest (6-8 hours per night) is critical for coping successfully with stress. If insomnia is a problem, a combination of exercise, relaxation techniques and positive self-talk can assist in getting a good night's rest. However, sleeping too much may be a sign of some health difficulties.

Energizing Breaks: Despite the level of activity an individual may maintain, a change-of-pace activity can help to overcome the midmorning or afternoon doldrums. Examples of these are taking a walk, visiting with a friend, exercising or stretching. This variation in pace can offer a welcome relief for those feeling "bogged down" in their schedules, and often times work is more productive as a result of breaking away for a time.

(Williams, 1985)

DOES ADOLESCENT STRESS DIFFER FROM ADULT STRESS?

Adults sometimes think that their stressors are more important in the "big picture" because adults are responsible for their children's well being. Remember Marjorie's guilt feelings? Marjorie knew her children were worrying, but she found it difficult to attend to their worries. Let's examine how rural young people are affected by economic stress:

1. There is sadness and grief that results from losing something they love. Whether it is the loss of their daily family routine or the sense of stability, thinking that their family cannot go on as they always had culminates in sadness.
2. Children are bewildered by the events surrounding their family's economic problems. Parents' continued role of protector often means that they do not inform their children of family economic problems. Children can react to this lack of information by anger toward parents and institutions that appear to them powerless to resolve the problem. They are frightened by the uncertainty of their future.
3. Children tend to feel isolated from their parents who are busy, desperately trying to save the farm or rural business. They also feel isolated from neighbors and friends who may be unaware of their suffering.
4. The continued pressure and economic stress on the farm can have a detrimental effect on a child's health. "There seem to be three common reactions to stress: increased physical ailments (i.e.headaches, backaches), increased instances of drug and alcohol abuse, and anti-social behavior."
5. Children can experience problems at school because of the economic pressures and distractions at home. Their concentration level decreases, and their grades may suffer. They may increase attempts to be a "model" student and experience frustration around the added pressure.

(Smith & Hause, 1986)

WHAT DOES LOSS MEAN TO CHILDREN?

Loss means different things to children at different ages. Adults can say "we're losing the business" and may think they are being open, but they need to be very specific and concrete. Joan Blundall (1986), Consultation and Education Coordinator in a rural Iowa mental health center, explains how children view loss at different ages.

> At 3-4 years of age, children want to know concrete things like, "Will I keep my bed? My bicycle? Will Dad lose his chair?" Human service providers might encourage parents to be open and honest about their situation, listening carefully to their children's questions, and answering as concretely as possible.
>
> At 7-10 years, children are not certain what is reversible and what is not. "Who will take care of me? Am I going to lose my Mom and Dad?" They are concerned about their basic needs and what is going to happen to them, personally.

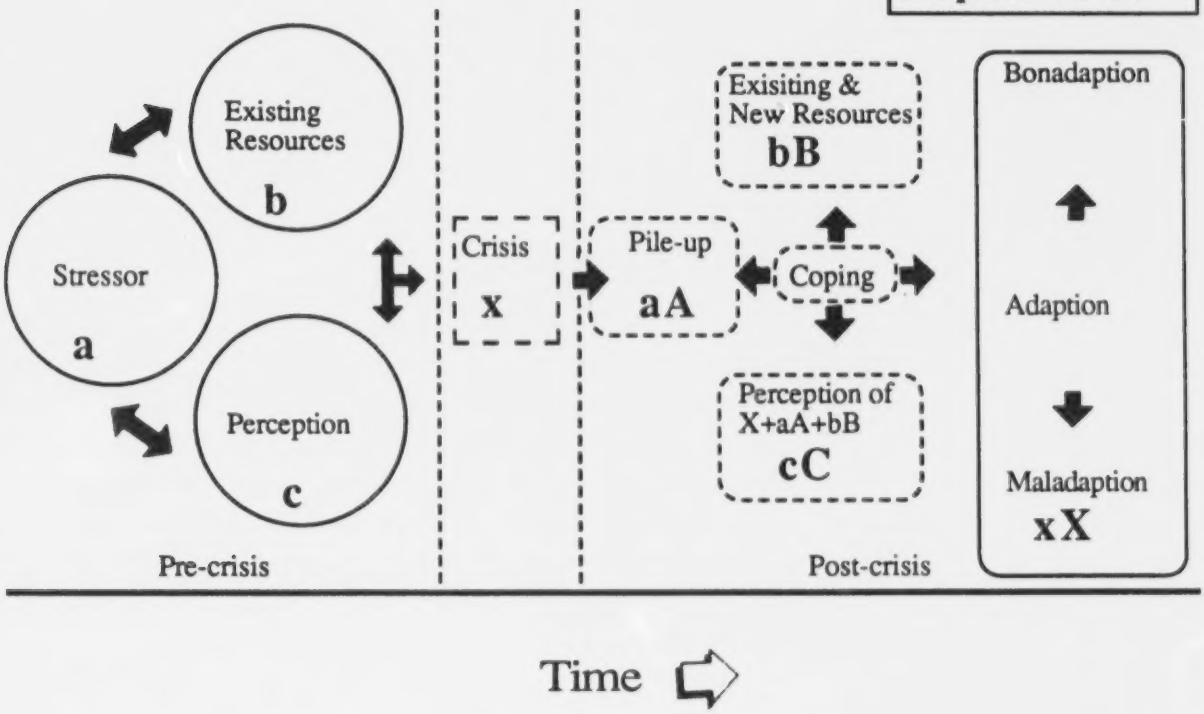
From about 10 years old on, kids are capable of going through the same grief process as adults. One of their great fears is, "How can I protect my folks?" and "Was it something I did?" similar to children's responses to divorce.

DISCUSSION:

13. **Imagine yourself a child in a family, "knowing" that something is going on, but no one will talk about it. Would it be similar to an experience of loss in your life and everyone was hushed and you felt scared? What might an adult say to ease your fear?**
14. **Imagine yourself an adolescent, needing to talk with someone about problems occurring in your family and your anger at the unfairness of it all. How would you approach a trusted person? Who might that person be? How might that person make it easier for you to approach them? Could you imagine talking to a peer? a minister? a counselor? a teacher?**

HOW MIGHT A COMMUNITY REACT TO CHRONIC STRESS?

Graphic #2-10



(McCubbin & Patterson, 1983)
Used with permission.

A framework for understanding chronic stress is McCubbin and Patterson's (1983) Double ABCX Model. Using the family systems approach (the family, as a whole, is affected by one member's change) this model can be generalized to "community" stress and the positive and negative consequences of that stress. In other words, when a segment of community is affected by change, all of the community is affected in some way. The Double ABCX Model of Family Adaptation is shown in Graphic #2-10.

The "Pre-Crisis" time will vary from community to community. That we have experienced a decline in rural communities and a farm crisis is fact. The Lowells spoke of their community and the fact that different facets of their community had been affected. If the community had been able to perceive the stressors that were forthcoming and look at possible resources, perhaps the impact could have been lessened. However, in fact, the farm crisis was quite sudden because many stressors occurred at approximately the same time--the grain embargo, oil prices, interest rates, land values, etc. Instead of concentrating on what might have been, let us look at the adjustment period and how the post-crisis time can be a time of growth and positive transition.

Graphic #2-11 (p. 26)

What does this mean to the community? Community pile ups can change over time--they can worsen or they can improve, depending on how the pile-ups or crisis are viewed. If a community perceives an event as negative or overwhelming and gives up, then chronic depression can be the consequence. If there are resources within the community (positive attitude, social support, belief in empowerment and networking systems) so the event can be seen as a challenge, then a community can adapt to a crisis and learn strengths to lessen the impact through positive coping skills.

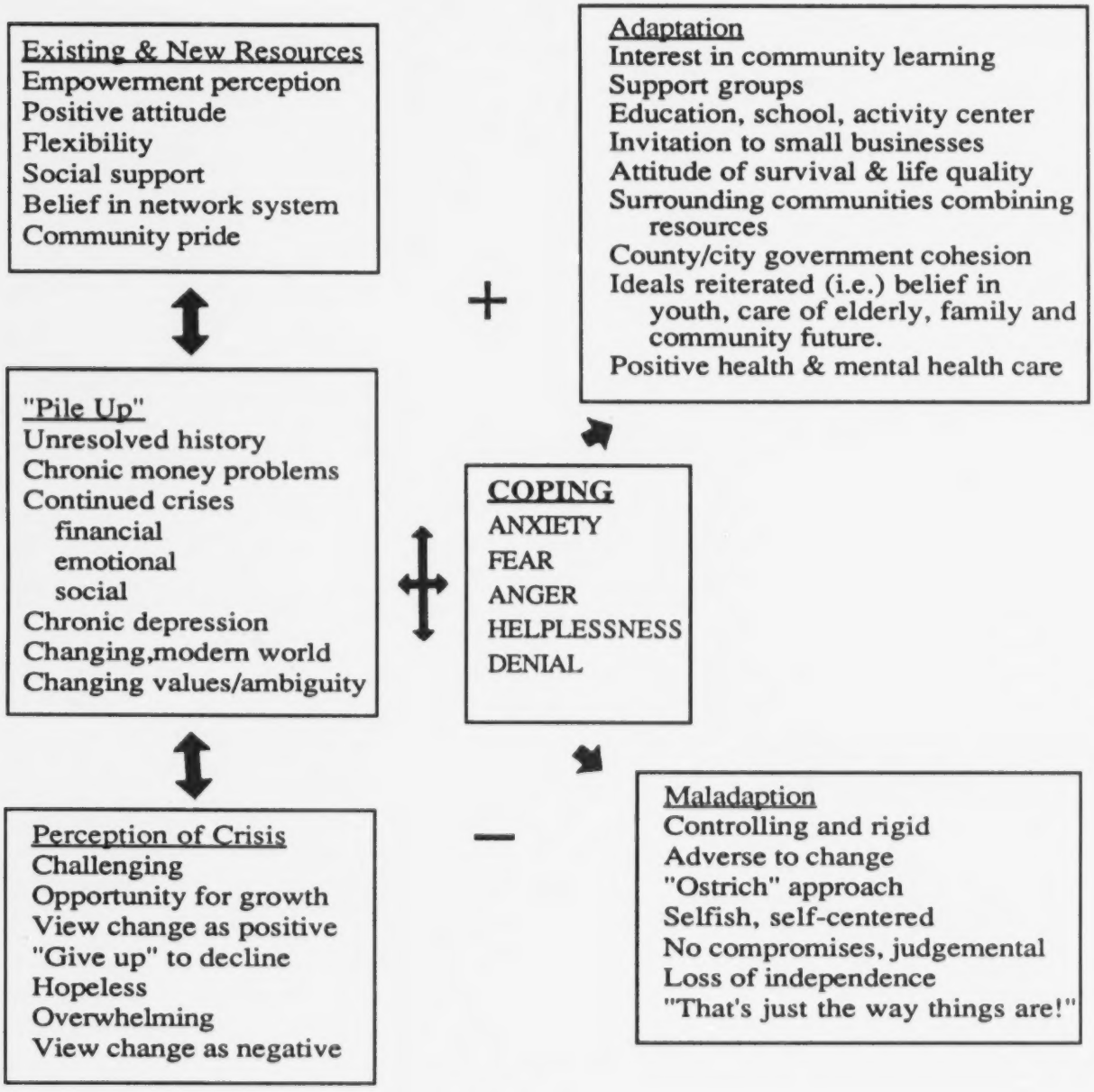
Human service providers are practicing in these community contexts; therefore, they can choose to know and develop resources, in which adaptation would be seen as a positive response. They can also choose to ignore the kinds of dynamics that are occurring in their community, as do some communities. In that instance, the community stagnates (maladapts).

The resources will change because the community will be changing. For instance, we spoke of human service offices closing in rural areas. How does one agency's absence affect your community? Because it changes the process in which services are administered, does it also reduce the community control? Are there various networks of control in communities?

A community may employ at least three basic coping strategies: avoidance (deny or ignore the stressor), elimination (rid itself of all demands by changing or removing the stressor, or altering the definition or the stressor), and assimilation (efforts to accept the demands created by the stressor into its existing structure and patterns of interaction). Avoidance and elimination responses serve to minimize or protect the community from having to make modifications in its structure. Assimilation can require very little change, as well, depending on the community's existing resources which may be employed or reallocated. (McCubbin & Patterson, 1983)

Adjustment Period

Graphic #2-11



(Time....Ongoing)

Adapted from: McCubbin, Hamilton I. & Patterson, Joan M. (1983).

To reiterate, if the community is able to look at their stressors in a Pre-Crisis Stage and is able to employ existing resources, the situation may not reach crisis proportions or at least the impact may be lessened. This will vary from community to community. There is evidence of communities using their resources and responding to stressors as well as those communities who no longer have the resources with which to respond.

DISCUSSION:

15. **Can you think of positive ways a community could "adapt" to stress? Brainstorm for additional thoughts. (Note: Attitude of survival, turning coping skills into action with use of community support groups, resource combinations, learning opportunities for the community.)**
16. **How has your community responded to changing needs? If it has not, how could response be initiated?**

SUMMARY

In this chapter, complexities of rural dynamics including rural "attitudes," the blame that may be felt from different populations toward the farmer, and the blame that the farmer projects are discussed. Mixed reactions to rural decline and how those reactions may be acted out by different age groups are identified.

The dynamics of grief experienced by people who have suffered business losses in rural areas are discussed. This includes a sense of helplessness. Finally, characteristics of stress in family members and reactions to different stressors are presented with suggestions for response.

In the Appendix to Module 2 are related articles, including:

Farm Stress Inventory: presents numerous stressors which may occur in the farming business.

Recognizing Farm Stressors: some stressors are unique to farming, and these lists provide specific examples.

Revised Ways of Coping Checklist: offers insight to how an individual may have dealt with stress.

Helping Persons Cope with Change, Crisis, and Loss: a brief list of ways a helping person may be able to provide support for people experiencing crisis.

Adolescent Stress and Depression: describes the high risk youth and events that contribute to the accumulation of problems and stressors.

Teen Suicide: an article discussing the danger signals of suicide, distinguishing suicidal behavior from normal adolescent behavior, and presenting some intervention measures.

DISCUSSION

In thinking about the last material presented, you may want to ask yourself questions like:

1. Do you hear different emotions being expressed by Paul and Marjorie? If so, what are they? (Note: Throughout the story, Marjorie tends to express more anger than Paul. Paul gives a sense of hopelessness.) What factors might affect the different emotions Marjorie and Paul express?
2. Have you experienced feelings of helplessness or hopelessness in working with people affected by the rural transition? If so, how did you handle those feelings?
3. When nonfarm people refer to government subsidies as "giveaways" and "gifts" to farmers, how might you respond? If nonfarm people sum up the rural crisis as the "poor manager's" fault, do you owe anyone an explanation? If so, how would you respond?
4. How might a community react toward the farmer who has had to leave his/her farm and go through bankruptcy proceedings? Angry? Sorry? Understanding?
5. If you had been a member of a community for years, enjoyed the community's neighborliness, their local friendliness, their churches, the sense of "belonging" and suddenly had to move from your farm or take another job, how would you react? What would be most difficult for you in moving to a new area?
6. If you were a member of a rural community and did not lose your business but were forced to change your lifestyle because of decreased finances, how would that affect your sense of "loss"?
7. Imagine that you owned a farm machinery store in a small town and had enjoyed a good income from it. The year 1985 brings a rash of farm or ranch bankruptcies in your area, and you can no longer count on a "Marjorie or Paul" to update their machinery. The bank is afraid your projected income figures are no longer valid, so they begin to ask pointed questions about your future loan payments. In fact, you're not sure if you'll be able to meet your next loan payment. What would you do about your situation? Would the bank be likely to extend your loan in light of all the farm bankruptcies taking place?
8. You are being blamed for your community's economic decline. For example, the farm machinery store had to lay off two employees due to their reduced income, or the local banker is hesitant to loan to area farmers. What might that do to your family members? How would you feel, knowing you may be affecting your extended family as well as your immediate family? How does a community react if you cannot pay your bills? Does that reflect on a community's reputation, also?
9. How might losing a three- or four-generational farm affect your relationship with your father? Your grandfather?
10. If you were a farmer who was forced to sell your farm and your neighbor managed to keep his/her land, or in fact, was able to buy your land, how would you feel about that farmer?

11. If you were the neighbor in the previous question, how would you expect your neighbor to react to your purchasing his land after years of neighboring? What could you do to maintain a previous friendship with that neighbor? Could you imagine feeling "guilty" because you were able to continue in farming?
12. Discuss the "Farming Stress Inventory" and/or Ways of Coping Checklist (appendix). (Note: small groups could then meet and discuss: 15-20 minutes.)
13. Imagine yourself a child in a family, "knowing" that something is going on, but no one will talk about it. Would it be similar to an experience of loss in your life and everyone was hushed and you felt scared? What might an adult say to ease your fear?
14. Imagine yourself an adolescent, needing to talk with someone about problems occurring in your family and your anger at the unfairness of it all. How would you approach a trusted person? Who might that person be? How might that person make it easier for you to approach them? Could you imagine talking to a peer? a minister? a counselor? a teacher?
15. Can you think of positive ways a community could "adapt" to stress? Brainstorm for additional thoughts. (Note: Attitude of survival, turning coping skills into action with use of community support groups, resource combinations, learning opportunities for the community.)
16. How has your community responded to changing needs? If it has not, how could response be initiated?

REFERENCES

Bhagat, Shantilal P. (1985). The family farm: Can it be saved? Elgin, IL: Brethren Press.

Blundall, Joan. (1986). Children's stress. Presented at Rural Women's Conference, Des Moines, IA.

Farmer, Val. (1987, April). Grief over loss of farm compares to death in family. Iowa Farmer Today.

Flora, Cornelia. (1987, November 5). Panel discussion: The future of rural families. Presented at Seventh Annual Working with Families Conference, Manhattan, KS.

Kerr, Lorin. (1981). The road we have come: Rural health needs and non-response. In Emilia Martinez-Brawley (Ed.), Seven decades of rural social work (pp. 202-208). New York: Praeger.

Kübler-Ross, Elisabeth. (1969). On death and dying. New York: Macmillan.

McCubbin, Hamilton I. & Patterson, Joan M. (1983). Family transitions: Adaptation to stress. In Hamilton McCubbin and C. Figley (Eds.), Stress and the family 1: Coping with normative transition (pp. 5-25). New York: Brunner/Mazel, Inc.

Middleton, Sally A. (1983). Farm family stress. East Lansing, MI: Cooperative Extension Service, Michigan State University.

Molgaard, Virginia. (1985, October). Family stress: Dealing with blame. Cooperative Extension Publication #Pm-1224. Ames, IA: Iowa State University.

Ostendorf, David L. (1987). The church and the covenant of the land. In Karla Schmidt (Ed.), Renew the spirit of my people: A handbook for ministry in times of rural crisis, (pp. 1-10). Des Moines, IA: Prairiefire Rural Action.

Smith, Charles A. & Hause, Richard. (1986). Heartache in the heartland. [video]. Manhattan, KS: Cooperative Extension Service, Kansas State University.

Veninga, Robert. (1985). A gift of hope: How we survive our tragedies. New York: Little Brown, and Company.

Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

Williams, Roger T. (1985). Neighbor to Neighbor. Madison, WI: Health and Human Services Outreach, University of Wisconsin.

Wright, Sara E., and Rosenblatt, Paul C. (1987). Isolation and farm loss: Why neighbors may not be supportive. Family Relations, 36, 391-395.

A portion of James and Lilly Walker's "Farming Stress Inventory" follows, giving an idea of the myriad of stressors which may occur in the farming business. The complete "Farming Stress Inventory" (with scoring interpretation) is included in their publication.

		Degree of Stress
	1 = no stress 5 = high stress	
1.	Sudden and significant increase in debt load.	1 2 3 4 5
2.	Significant production loss due to disease or pests.	1 2 3 4 5
3.	Insufficient regular cash flow to meet financial obligations or for daily necessities.	1 2 3 4 5
4.	Delay in planting or harvesting due to weather.	1 2 3 4 5
5.	Media distortions of the farm situation.	1 2 3 4 5
6.	Low commodity prices.	1 2 3 4 5
7.	Significant changes in type or size of farming operation.	1 2 3 4 5
8.	Meeting with a loan officer for an additional loan.	1 2 3 4 5
9.	Purchase of major machinery, facility, land or livestock.	1 2 3 4 5
10.	Not being considered as part of the farm business by others.	1 2 3 4 5
11.	Taking an off-the-farm job to meet expenses.	1 2 3 4 5
12.	Prolonged bad weather.	1 2 3 4 5
13.	Problems with weeds or insects.	1 2 3 4 5
14.	Machinery breakdown at a critical time.	1 2 3 4 5
15.	Not enough time to spend with spouse.	1 2 3 4 5
16.	Crop loss due to weather, hail, not enough rain, excessive rain, frost, etc.	1 2 3 4 5
17.	Personal illness during planting or harvesting.	1 2 3 4 5
18.	Deciding when to sell.	1 2 3 4 5
19.	Rising expenses.	1 2 3 4 5
20.	Government policies and regulations.	1 2 3 4 5
21.	Concerns about the continued financial viability of the farm.	1 2 3 4 5
22.	Having a loan request turned down.	1 2 3 4 5
23.	Farming-related accident.	1 2 3 4 5
24.	Government "free trade" policies.	1 2 3 4 5
25.	Government "cheap food" policies.	1 2 3 4 5
26.	Metric conversion.	1 2 3 4 5
27.	Breeding or reproductive difficulties with livestock.	1 2 3 4 5
28.	No farm help or loss of help when needed.	1 2 3 4 5
29.	Need to learn and adjust to new government regulations and policies.	1 2 3 4 5
30.	Spouse doesn't have enough time to help with child rearing.	1 2 3 4 5
31.	Increased work load at peak times.	1 2 3 4 5
32.	Unplanned interruptions.	1 2 3 4 5
33.	Use of hazardous chemicals on the farm.	1 2 3 4 5

34.	Dealing with salespeople.	1 2 3 4 5
35.	Long work hours.	1 2 3 4 5
36.	Few vacations away from the farm.	1 2 3 4 5
37.	Concerns or worries about the unpredictability of the weather.	1 2 3 4 5
38.	Feeling isolated on the farm.	1 2 3 4 5
39.	Having to travel long distances for services, shopping and health care.	1 2 3 4 5
40.	Pressures in having too much to do in too little time.	1 2 3 4 5
41.	Keeping up with new technology and products.	1 2 3 4 5
42.	Worrying about market conditions.	1 2 3 4 5
43.	Having to make decisions without all the necessary information.	1 2 3 4 5
44.	Being expected to work on the farm as well as manage the house and family.	1 2 3 4 5
45.	Worrying about owing money.	1 2 3 4 5
46.	Worrying about keeping the farm in the family.	1 2 3 4 5
47.	Not seeing enough people.	1 2 3 4 5
48.	Not having enough money or time for entertainment and recreation.	1 2 3 4 5
49.	Death of a parent or member of immediate family.	1 2 3 4 5
50.	Death of a friend.	1 2 3 4 5
51.	Problems in balancing work and family responsibilities.	1 2 3 4 5
52.	Problems in farm operating agreement with relatives.	1 2 3 4 5
53.	Divorce or marital separation.	1 2 3 4 5
54.	Problems with a partnership.	1 2 3 4 5
55.	Daughter or son leaving home.	1 2 3 4 5
56.	Trouble with parents or in-laws.	1 2 3 4 5
57.	Conflict with spouse over spending priorities.	1 2 3 4 5
58.	Major decisions being made without my knowledge or input.	1 2 3 4 5
59.	Having to wear too many hats (e.g. farmer, spouse, father, mother, housekeeper, business person, etc.)	1 2 3 4 5
60.	Surface-rights negotiations.	1 2 3 4 5
61.	Other recent events which have had an impact on your life. List and rate.	
	_____	1 2 3 4 5
	_____	1 2 3 4 5
	_____	1 2 3 4 5

Walker, James L., & Walker, Lilly J. (1987). The Human Harvest: Changing Farm Stress to Family Success. Brandon, Manitoba, Canada: Brandon University.

RECOGNIZING FARM STRESSORS

Some events can be experienced by anyone, independent of farm life. Others are stressors which are either unique to farming or more commonly experienced by farm families. Let's consider some of the things which can be stressful:

1. Financial Stressors: low commodity prices, rising expenses, high debt loads, lack of regular cash flow, and not enough money for necessities and vacations.
2. Weather Stressors: delays in planting or harvesting due to weather, too much or too little rain, hail, early frost, and the very unpredictability of weather itself.
3. Work Overload Stressors: heavy workload at peak times, pressures in having too much to do in too little time, difficulties finding time to balance work and family responsibilities.
4. Other People as Stressors: problems in a farming agreement with relatives, not seeing enough people, conflicts with spouse, decisions being made without your knowledge, not spending enough time with your spouse and family, and not being considered an important part of the farm business by others.
5. Farming Hassles: equipment breakdown at a peak time, having to travel long distances for goods and services, problems with weeds or insects, sickness in livestock, pressure in keeping up with new technology and products, loss of farm help when most needed, having to use hazardous chemicals, needing to learn and adjust to new policies and regulations.
6. Farm Worries: worries about the continual financial viability of the farm, worries about the weather, worries about owing money or having to take out additional loans, worries about market conditions, and worries about keeping the farm in the family.

TOP 15 STRESSORS OF FARM MEN AND WOMEN

Men	Women
1. Rising expenses	1. Rising expenses
2. Low commodity prices	2. Low commodity prices
3. Concerns about finances	3. Heavy peak workload
4. Government regulations	4. Time pressures
5. Time pressures	5. Long work hours
6. Heavy peak workload	6. Worries about farm viability
7. Cheap food policies	7. Prolonged bad weather
8. Machinery breakdown	8. Machinery breakdown
9. Prolonged bad weather	9. Crop loss due to weather
10. Crop loss due to weather	10. Delayed planting/harvest
11. Metric conversion	11. Owing money
12. Market conditions	12. Government regulations
13. Long work hours	13. Unplanned interruptions
14. Delayed planting/harvest	14. Worries about weather
15. Distortions of the farm situation	15. Few vacations

Walker, James L., & Walker, Lilly J. (1987). The Human Harvest: Changing Farm Stress to Family Success. Brandon, Manitoba, Canada: Brandon University.

WAYS OF COPING CHECKLIST

In order for this checklist to have meaning, it is necessary that you first list an event, person, or experience that is currently a major stressor in your life.

You may be interested in the degree you have used each of the thoughts/behaviors listed below to deal with this stressor. Please circle the appropriate column if the thought/behavior:

does not apply	(0)
used somewhat	(1)
used quite a bit	(2)
used a great deal	(3)

	Thoughts/Behaviors	
1.	Just concentrated on what I had to do next--the next step.	0 1 2 3
2.	I did something which I didn't think would work, but at least I was doing something.	0 1 2 3
3.	Tried to get the person responsible to change his or her mind.	0 1 2 3
4.	Talked to someone to find out more about the situation.	0 1 2 3
5.	Criticized or lectured myself.	0 1 2 3
6.	Tried not to burn my bridges, but leave things open somewhat.	0 1 2 3
7.	Hoped a miracle would happen.	0 1 2 3
8.	Went along with fate; sometimes I just have bad luck.	0 1 2 3
9.	Went on as if nothing had happened.	0 1 2 3
10.	I tried to keep my feelings to myself.	0 1 2 3
11.	Looked for the silver lining, so to speak; tried to look on the bright side of things.	0 1 2 3
12.	Slept more than usual.	0 1 2 3
13.	I expressed anger to the person(s) who caused the problem.	0 1 2 3
14.	Accepted sympathy and understanding from someone.	0 1 2 3
15.	I was inspired to do something creative.	0 1 2 3
16.	Tried to forget the whole thing.	0 1 2 3
17.	I got professional help.	0 1 2 3
18.	Changed or grew as a person in a good way.	0 1 2 3
19.	I apologized or did something to make up.	0 1 2 3
20.	I made a plan of action and followed it.	0 1 2 3
21.	I let my feelings out somehow.	0 1 2 3

22.	Realized I brought the problem on myself.	0 1 2 3
23.	I came out of the experience better than when I went in.	0 1 2 3
24.	Talked to someone who could do something concrete about the problem.	0 1 2 3
25.	Tried to make myself feel better by eating, drinking, smoking using drugs or medication, and so forth.	0 1 2 3
26.	Took a big chance or did something very risky.	0 1 2 3
27.	Tried not to act too hastily or follow my first hunch.	0 1 2 3
28.	Found new faith.	0 1 2 3
29.	Rediscovered what is important in life.	0 1 2 3
30.	Changed something so things would turn out all right.	0 1 2 3
31.	Avoided being with people in general.	0 1 2 3
32.	Didn't let it get to me; refused to think about it too much.	0 1 2 3
33.	I asked a relative or friend I respected for advice.	0 1 2 3
34.	Kept others from knowing how bad things were.	0 1 2 3
35.	Made light of the situation; refused to get too serious about it.	0 1 2 3
36.	Talked to someone about how I was feeling.	0 1 2 3
37.	Stood my ground and fought for what I wanted.	0 1 2 3
38.	Took it out on other people.	0 1 2 3
39.	Drew on my past experiences; I was in a similar position before.	0 1 2 3
40.	I knew what had to be done, so I doubled my efforts to make things work.	0 1 2 3
41.	Refused to believe that it had happened.	0 1 2 3
42.	I made a promise to myself that things would be different next time.	0 1 2 3
43.	Came up with a couple of different solutions to the problem.	0 1 2 3
44.	I tried to keep my feelings from interfering with other things too much.	0 1 2 3
45.	I changed something about myself.	0 1 2 3
46.	Wished the situation would go away or somehow be over with.	0 1 2 3
47.	Had fantasies about how things might turn out.	0 1 2 3
48.	I prayed.	0 1 2 3
49.	I went over in my mind what I would say or do.	0 1 2 3
50.	I thought about how a person I would admire would handle the situation and used that as a model.	0 1 2 3

Continued

In response to the following questions, please check the degree to which the statements below apply to the stressor you listed.

strongly disagree	= SD
disagree	= A
both agree and disagree	= DA
agree	= A
strongly agree	= SA

"In general, the stressor that I listed above is one that..."

1.	I can change or do something about.	SD D DA A SA
2.	I must accept or get used to.	SD D DA A SA
3.	I need to know more about before I can act.	SD D DA A SA
4.	requires holding myself back from doing what I want to do.	SD D DA A SA
5.*	is very important to me.	SD D DA A SA
6.*	I have some control over	SD D DA A SA
7.*	will be resolved in 1 year.	SD D DA A SA
8.*	will be resolved in 4 years.	SD D DA A SA
9.*	I think about often.	SD D DA A SA
10.*	will always be a problem in my life.	SD D DA A SA
11.*	is very threatening.	SD D DA A SA
12.*	I have experienced before.	SD D DA A SA
13.*	is ambiguous.	SD D DA A SA

This is a partial list of the questions on the Ways of Coping Checklist. The scoring for the checklist is based on the following 8 scales: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. For the complete scale and evaluation information, contact: Consulting Psychologists Press, Palo Alto, CA.

*These questions are from a previous version of the Ways of Coping Checklist that you may find useful.

Folkman, Susan, Lazarus, Richard, Dunkel-Schetter, Christine, DeLongis, Anita and Gruen, Rand. (1986) Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. Journal of Personality and Social Psychology. 50, (5), 992-1003.Used with permission.

*Vitaliano, Peter, Russo, Joan, Carr, John, Mairuo, Roland & Becker, Joseph. (1985). The Ways of Coping checklist: Revision and psychometric properties. Multivariate behavioral research, 20, 3-26.

HELPING PERSONS COPE WITH CHANGE, CRISIS, AND LOSS

1. Show by words and actions that you care.
2. Help the person to seek and accept help.
3. Help with everyday tasks.
4. Help the person confront the crisis or loss and "talk it out."
5. Be a good listener.
6. Do not give the troubled person false assurance.
7. Do not encourage blaming others.
8. Encourage a presentation of all the facts and all constructive possibilities.
9. Encourage the person to focus on the practical future.
10. Encourage sensible health habits.
11. Respect privacy.
12. Know your limitations.

Pitzer, Ronald. (1984). Helping persons cope with change, crisis, and loss (Publication CES 178). West Lafayette, IN: Indiana Cooperative Extension Service, Purdue University.

ADOLESCENT STRESS AND DEPRESSION

Stress and depression are serious problems for many teenagers. Stress is characterized by feelings of tension, frustration, worry, sadness, and withdrawal that commonly last from a few hours to a few days. Depression is both more severe and longer lasting.

TROUBLED YOUTH RESPOND DIFFERENTLY

The majority of young people face the stress of negative life events, find internal or external resources to cope, and move on. But for others, the events pile up and the stressors are too great. Actions in response are different for youth who reported serious depression or a suicide attempt. Young people who are depressed are at much greater risk of attempting suicide than nondepressed youth--although not all youth who attempt suicide are depressed. These young people report exhibiting much more anger and ventilation, avoidance and passivity, and aggressive, antisocial behavior. They describe yelling, fighting and complaining, drinking, smoking, using prescription drugs more frequently, sleeping, riding around in cars, and crying more often. They are less inclined to do things with their family or to go along with parents' rules and requests.

A CLOSER LOOK AT HIGH RISK YOUTH

It is important not to overreact to isolated incidents. Young people will have problems and will learn, at their own rate, to struggle and deal with them. But it is critical for parents and helping adults to be aware of the factors that put a youth at particular risk, especially when stressful events begin to accumulate for these vulnerable individuals. A good starting point for identifying and intervening with highly troubled and depressed young people is the careful study of suicidal adolescents.

Family history and biology can create a predisposition for dealing poorly with stress. These factors make a person susceptible to depression and self-destructive behavior. Personality traits, especially when they change dramatically, can signal serious trouble. These traits include:

- Impulsive behaviors, obsessions, and unreal fears
- Aggressive and antisocial behavior
- Withdrawal and isolation; detachment
- Poor social skills resulting in feelings of humiliation, poor self-worth, blame and feeling ugly
- Overachieving and extreme pressure to perform
- Problems with sleeping and/or eating

Psychological and social events contribute to the accumulation of problems and stressors.

- Loss experience such as a death or suicide of a friend or family member, broken romance, loss of a close friendship or a family move
- Unmet personal or parental expectation such as failure to achieve a goal, poor grades, social rejection
- Unresolved conflict with family members, peers, teachers, or coaches that results in anger, frustration, rejection
- Humiliating experience resulting in loss of self-esteem or rejection
- Unexpected events such as pregnancy or financial problems

Predispositions, stressors and behaviors weave together to form a composite picture of a youth at high risk for depression and self-destructive behavior. Symptoms such as personal drug and alcohol use, running away from home, prolonged sadness and crying, unusual impulsivity or recklessness or dramatic changes in personal habits are intertwined with the family and personal history, the individual personality and the emotional/social events taking place in a person's life.

It is not always easy for one person to see the "whole picture." That is why it is essential that people who have "hunches" that something is wrong take the lead to gather perspectives from other friends, family members and professionals who know the young person. It is all too often true that the survivors of an adolescent suicide only "put the pieces together" after the fact, when they sit together and try to figure out what happened.

Walker, Joyce. (1986). Adolescent stress and depression. Publication 4-H-FS-3083. St. Paul, MN: Minnesota Extension Service.

TEEN SUICIDE

Suicide is not a thought or action that will go away if ignored. Today, teenagers read about suicide. They talk about it with their friends. They see it on TV. It is important that adults and young people know what to do--and what not to do--when confronted by a person they know is seriously depressed or contemplating suicide. One of the best prevention strategies is open and sensitive discussion of the symptoms, warning signs, and myths surrounding suicide.

MISLEADING MYTHS ABOUT SUICIDE

It is important to recognize the myths that surround suicide and to realize that there is very little evidence to support them. **It is not true that...**

- People who talk about suicide never do it.
- Suicide happens without warning.
- All suicidal people are fully intent on dying.
- Suicide strikes rich people more often than poor.
- Improvement after an attempt means that the risk is over.
- All suicidal individuals are mentally ill.
- A suicide attempt is seldom repeated.
- The chances of suicide can be reduced by avoiding the subject.

DANGER SIGNALS

According to a joint statement by the American Academy of Child Psychiatry and the American Psychiatric Association, the danger signals usually associated with teen depression and suicide include:

- Noticeable change in eating and sleeping habits
- Withdrawal from friends and family and from regular activities
- Persistent boredom
- Decline in the quality of school work
- Violent or rebellious behavior
- Running away
- Drug and alcohol abuse
- Unusual neglect of personal appearance
- Difficulty concentrating
- Radical personality change
- Physical symptoms, such as stomach aches, headaches, and fatigue
- Comments like "I won't be a problem much longer," or "It's no use."
- Sudden, forced cheerfulness after a period of depression

DISTINGUISHING SUICIDAL FROM NORMAL BEHAVIOR

Adolescence can be a turbulent and rebellious time. Teens often go through phases of defiant behavior as part of the process of separating from parents and increasing their independence. The difference between "normal" adolescent rebellion and serious depression is based on the time, degree, and amount of deviation from the youth's usual personality and behavior. In Coping with Teenage Depression (pp. 42-43), Kathleen McCoy suggests asking the following questions:

> *How frequent and intense is this rebellious behavior?* Teens frequently go through temporary phases of rebellion. If a teen is routinely angry, is persistently unable to get along with anyone in the family, or is often or regularly drunk or stoned, he or she may need help.
>
> *How long has this been going on?* Rebellious behavior of teens is usually limited in time as well as scope. If this behavior is consistent, intense, and continues over several weeks or months, consider it potentially dangerous.
>
> *Is the behavior change drastic for this teen?* Most changes are usually not drastic, but rather develop over time as the teen increasingly begins preferring peers and differing with parents. When behavior changes come with no warning and are drastically out of character, it is time to respond.

INTERVENTION AND PREVENTION

- Never agree to keep the discussion of suicide with a teen a secret. Be honest. Agree to give help and support in getting professional help, but not to keep a secret.
- If danger is imminent, call the police.
- Prevention can take many forms. Make certain homes are free of lethal agents such as guns and excessive amounts of medication.

There are other preventive measures more long-term in nature.

- Demystify the "secret." Teach young people that they must not agree to confidentiality where suicide is a possibility.
- Talk about suicide openly. Give people a chance to discuss it and voice their thoughts and questions. Do not be afraid to acknowledge that people talk and think about suicide. Getting the subject out in the open generally lowers anxiety.
- Let people know about local hotline telephone numbers and crisis intervention services. Young people should know that such resources exist locally. Make clear that there is no shame in seeking help.
- Risk getting involved. Trust your instincts. If you suspect suicidal thoughts or behavior, ask the person directly if they are considering self-destructive actions. Do not avoid the topic or wait silently for them to come to you. You may feel you are being nosy but a person in need will feel you care.

- Be alert to the teen's feeling. Teen problems are those perceived by the young person: failing to achieve a goal, feeling unattractive, feeling unloved, fearing competition and failure, feeling guilty for the problems of others, breaking up a meaningful relationship. Do not judge the severity of a problem by an adult standard but by the teen's perception of the problem.
- Model healthy behavior and positive problem-solving. When suicide is the subject of television programs or films, view them with the young person. Use them as a trigger for discussion of appropriate and effective ways to deal with stress and depression.
- Provide opportunities for group support. Enable teens to share their problems. Peer counseling has proven successful in school prevention programs.

References

Facts About: Teen Suicide. (1985, March) New York: American Psychiatric Association.

McCoy, Kathleen. (1982). Coping with Teenage Depression: A Parent's Guide. New York: Signet.

Joyce Walker and Joanne Parsons. (1985). Teen Suicide. Minnesota Extension Publication HE-FS-2818.University of MN.

Objectives

1. Explore diverse community reactions and attitudes to the rural economic condition.

2. Enhance understanding of rural communities' financial, social, and emotional responses to the long-term changes.

3. Become sensitized to the protracted grief processes throughout rural communities.

4. Explore stress symptoms and characteristics of chronic stress:

5. Examine differences in adult and adolescent stressors.

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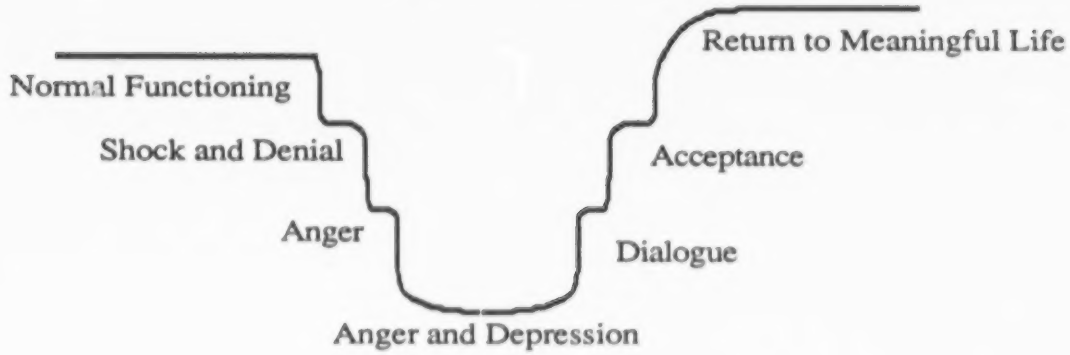
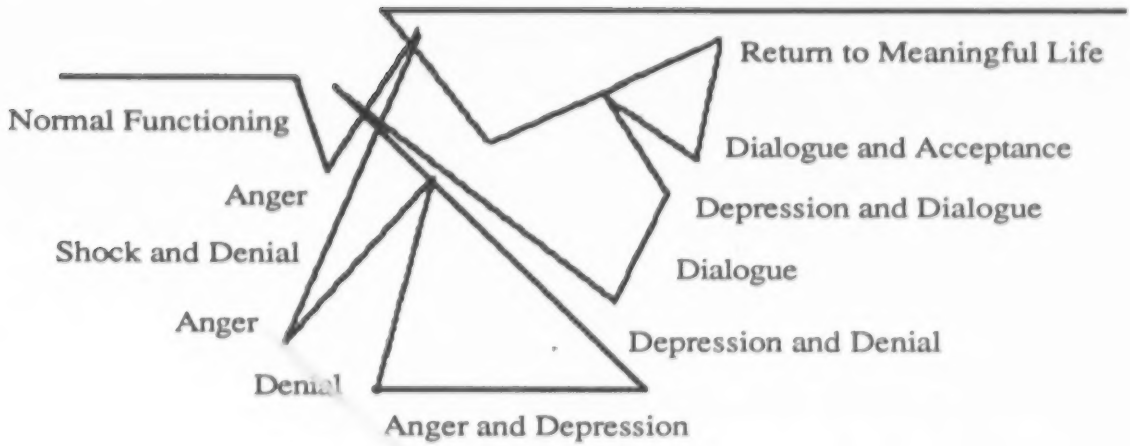
Stages of Grief



Molgaard, Virginia, & Flynn, Diane. (1985). Taking charge in changing times. Ames: Cooperative Extension Service, Iowa State University.



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How is Grieving Over the Loss of a Farm Similar to the Loss of a Family Member or Friend?

- Like some deaths, the loss of a farm may have been prevented.
- Like a chronic illness, the battle to save the family farm is lengthy and ambiguous.
- Like an impending death, there is a conspiracy of silence around the threatened loss of a farm.
- Like a death, the loss of a farm changes everything. To lose the farm is to lose part of one's own identity.

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Farmer, Val. (1987, April).Grief over loss of farm compares to death in family. Iowa Farmer Today. Reprinted with permission of author.

"Neighboring" in Times of Trouble

1. Neighbors may believe that their distance is polite and respectful.

2. There may be fear of saying or doing the wrong thing.

3. Neighbors may believe that their own well-being may be a source of pain to others.

4. One may also feel survivor's guilt about staying in business when somebody else could not.

5. It is also possible that actions that do not at first glance seem like support are intended as and felt as support.

6. Misfortune may seem contagious, and there may be both nonrational and rational bases for such a perception.

7. Neighbors may avoid a family in trouble in order to avoid their own discomfort and anxiety.

8. Neighbors might also want to avoid feeling of fear about their own future.

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Wright, Sara E., and Rosenblatt, Paul C. (1987). Isolation and farm loss: Why neighbors may not be supportive. Family Relations, 36, 391-395. Copyright National Council on Family Relations, 3989 Central Ave. NE, Suite 550, Minneapolis, MN, 55421. Reprinted with permission.

How Can the Community Counteract Isolation and Withdrawal and Provide Support?

1. Emphasize the importance of community.
2. Help people be aware of the factors that work against community when experiencing a disaster.
3. Help people devise ways to deal with their distancing of other people's emotions.
4. Emphasize that often people can be helped by small deeds.
5. Encourage people to find support when they need it.
6. Effective growth, development and maintenance of community require widespread support and knowledge of available resources.
7. Emphasize that the people in our lives are resources.

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Wright, Sara E., and Rosenblatt, Paul C. (1987). Isolation and farm loss: Why neighbors may not be supportive. Family Relations, 36, 391-395. Copyright National Council on Family Relations, 3989 Central Ave. NE, Suite 550, Minneapolis, MN, 55421. Reprinted with permission.

What Makes an Event a Stressor?

1. Undesirable events are likely to be stressful.
2. Uncontrollable or unpredictable events are stressful.
3. Ambiguous events are perceived as stressful.
4. Long-lasting stressors are more debilitating than short-term events.

Negative Results of Stress

- Persistent, intense depression
- Frequent loss of self-control
- Incapacitating guilt and self-doubt
- Persistent family discord
- Excessive drinking/drug use
- Chronic sleeping or eating problems
- Withdrawal and suspicion
- Inability to concentrate
- Outbursts of violence
- Threats of suicide or other violent acts
- Memory loss

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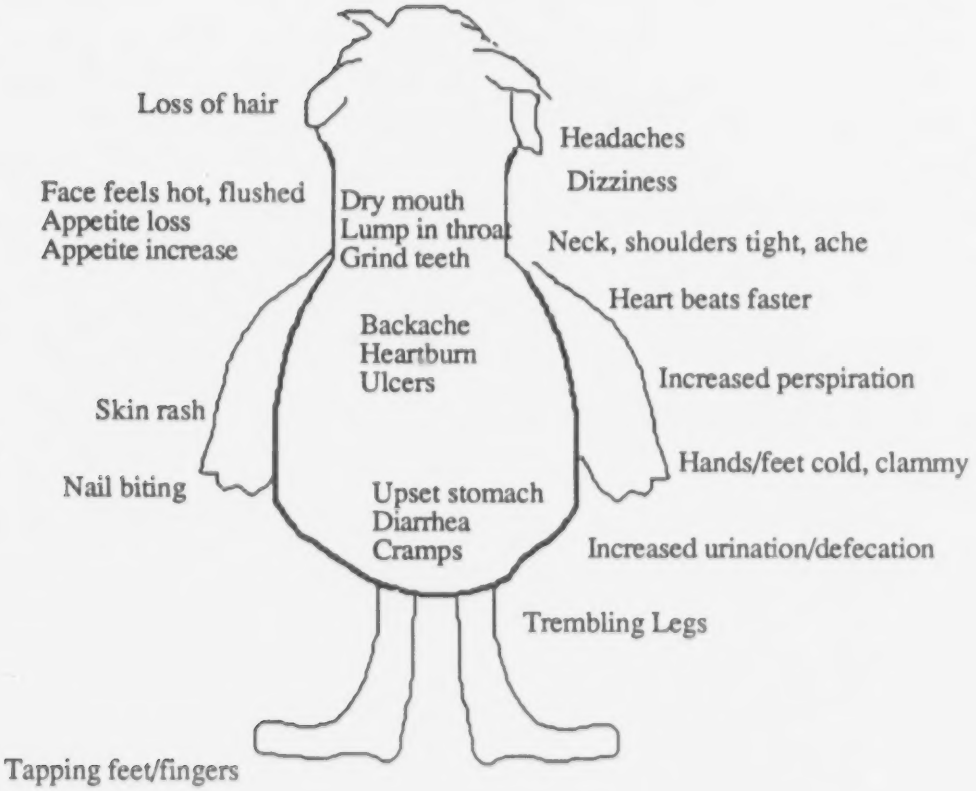
Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

Stress Symptoms: Physical Changes



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NIMH Grant #1 T23 MH18846

Middleton, Sally A. (1983). Farm family stress. East Lansing, MI: Cooperative Extension Service, Michigan State University.

Is There Such a Thing as Good Stress?

Positive Results of Stress

- Enhanced thinking and creativity
- Sense of control
- Becoming goal oriented
- Improved morale
- High energy level
- Improved interpersonal relations
- Flexibility
- Resilience

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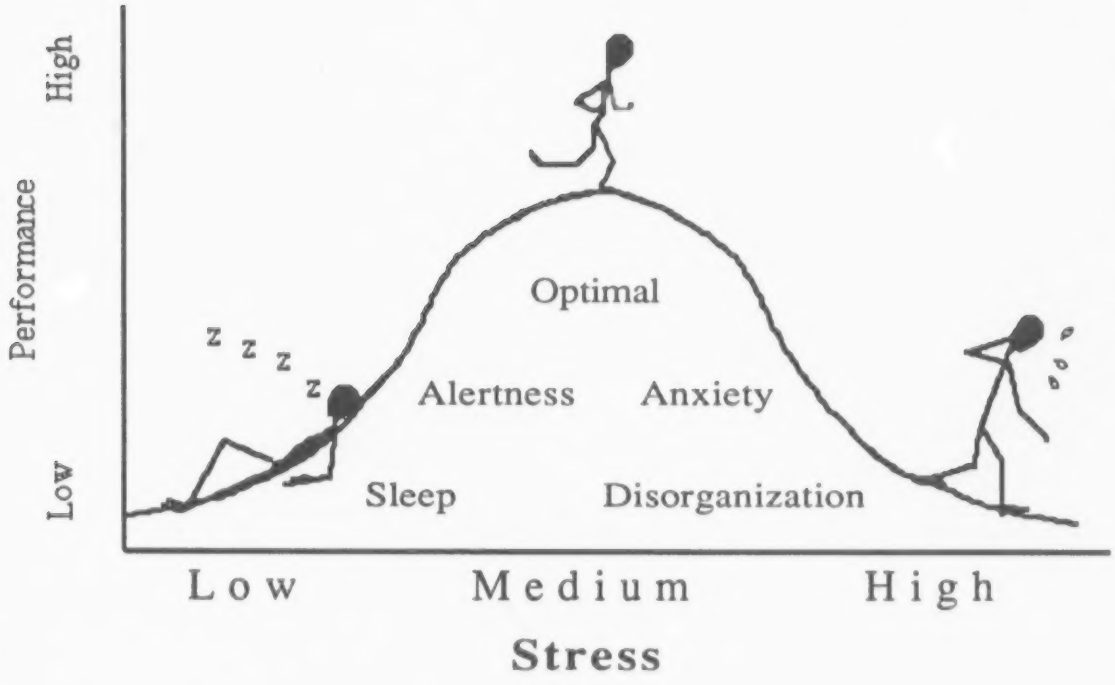
NIMH Grant #1 T23 MH18846

Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

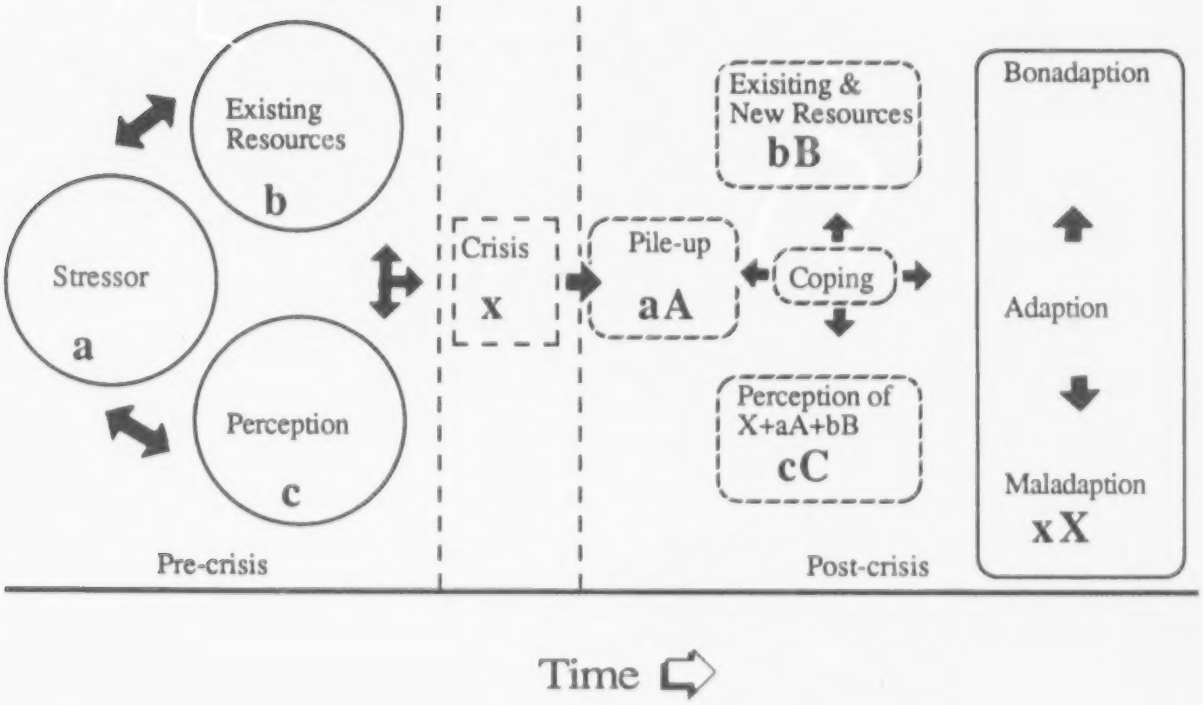
Stress Performance Connection



Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

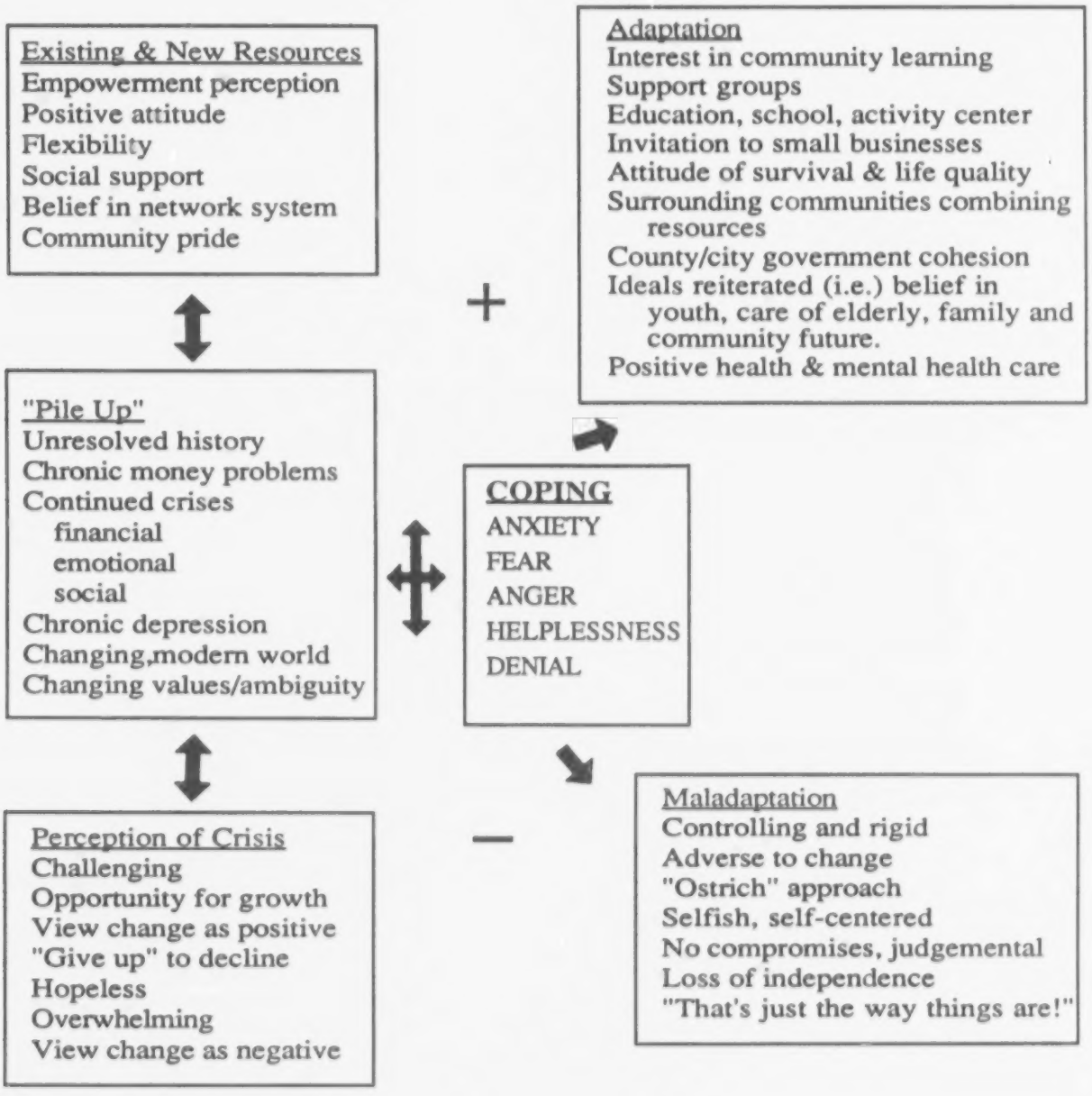
How might a Community React to Chronic Stress?



Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

McCubbin, Hamilton I. & Patterson, Joan M. (1983). Family transitions: Adaptation to stress. In McCubbin, H. and Figley, C. (Eds.), Stress and the family 1: Coping with normative transition. New York: Brunner/Mazel. Used with permission of author.

Adjustment Period



(Time....Ongoing)

Module 2-11

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Adapted from: McCubbin, Hamilton I. & Patterson, Joan M. (1983). Family transitions: Adaptation to stress. In McCubbin, H. and Figley, C. (Eds.), Stress and the family 1: Coping with normative transition. New York: Brunner/Mazel, Inc.

HUMAN SERVICES IN THE RURAL TRANSITION

MODULE 3

Human Service Response

The purpose of this module is to provide information for human service intervention. Gender roles and communication techniques to enrich family relationships are presented, as well as effects on other populations in rural communities.

OUTLINE

	Page
• Procedures for Teaching	2
• Objectives and Background Information	3
• Human service response	4
• Farm family history questions	5
• The Lowell Family: Part 3	7
• Gender roles	9
• Intervention: Where to begin	12
• Communication is the key	13
• Family enrichment	18
• Change in rural communities and the elderly	20
• Summary and Discussion Questions	22

PROCEDURES FOR TEACHING

Materials: Flip chart or blackboard, overhead projector and screen, VCR facilities for VHS video or tape player for audio tape. Determine what handout material you need.

1. Introduce yourself and explain the "housekeeping rules": location of restrooms, smoking areas, break times, location of refreshments, an outline of the schedule, and formality of presentation time (May questions be asked during the presentation? May people move around freely?).
2. Ask participants to introduce themselves, including their affiliation, to begin the linking process. An icebreaker activity may be used (see Introduction). Registration of the participants is recommended. Distributing attendance lists encourages ongoing communication. Name tags are useful in encouraging familiarity with names, particularly if group participation will be used.
3. Present **Objectives** of this module. Graphic 3-1 may be used as either an overhead transparency or a handout.
4. Present **Background Information** and ask for questions or contributions, listing on a blackboard or flip chart.
5. Discuss the human service response section. Introduce the Farm and Family History Questions (Graphic No. 3-2). Review appropriate questions and explain the purpose behind each, as noted in the text. Ask for further discussion.
6. Explain that the case study is about a rural family and will be presented in segments (or in full, if you wish). Ask them to think about the affect the story has on them and how they might respond to a similar situation. If you are not using the video, the audio tape can be played or the story can be read by "volunteers" (have two copies available for Paul and Marjorie). If you need to explain a segment the participants have not seen, do so.
7. Start the third segment of the story.
8. Ask for feedback. "Do you hear the changing dynamics in the Lowell family? What are they? What are your personal feelings regarding changing family roles? How do role changes affect the children?" (Note: This segment presents role changes occurring when Marjorie begins working in town, effects on the children, and communication.) If people do not volunteer, ask specific people or ask a person before the presentation to be the first "volunteer." The important aspect of the discussion is that participants feel a part of the Lowell story.
9. **Discussion questions** are listed following the case study. You may want to discuss them, questions of your own, or questions from the participants. You may want to divide into smaller discussion groups (see Introduction).
10. Continue with remainder of the module. Appropriate questions are identified throughout the text. Summarize module 3 and ask for remaining questions.
11. Identify the Module 3 **Appendix** articles for further information. Decide how material will be available before the presentation. This particular appendix contains articles pertaining to alcoholism, co-dependency, depression, and family violence.

Graphic #3-1

OBJECTIVES

1. Discuss the rationale for and role of rural human service delivery, specifically with farm and rural families.
2. Explore need for and dynamics of family therapy in the rural context.
3. Discuss normative gender roles in rural areas and conflicts that may arise from a transition in gender roles.
4. Review family communication skills, especially concerning empowerment of rural families.
5. Increase awareness of characteristics and consequences of stress reactions, such as increased used of alcohol, depression, or possible suicidal symptoms.
6. Identify issues surrounding the elderly population in the rural context.

BACKGROUND INFORMATION

- Rural family dynamics are changing with shifting family roles, responsibilities, and increased emotional consequences.
- Family communication skills are important to family health; there may be a need for intervention with rural families in distress.
- There are specific signs human service providers can look for when working with people in distress, for example: increased alcohol abuse, increased violence, chronic depression, and suicide.
- Complex dynamics in rural communities include the plight of the rural elderly, the young, and those who must leave their community daily to work in a nearby regional trading center.
- The human service provider cannot know all the solutions to economic, social, and emotional problems, but sensitization to sociocultural issues may facilitate service delivery.

HUMAN SERVICE RESPONSE

It is appropriate for the rural human service provider to use a systemic frame of reference for farm and rural families. Each system with which the family works can precipitate disruption in family dynamics, resulting in failure to cope. For example, the economic system of the community can also affect the social system. If a family changes their lifestyle because of their financial situation, this affects their social system. Economic stress can cause disruption in family roles, the division of labor, rules, parenting capabilities, children's functioning, and family interaction with the larger community. The Lowell family's interpersonal, family, and community relationships changed when their financial picture changed. Reducing their expenditures to the bare minimum reduced the amount of money they spent in the community. That affected the businesses with whom they no longer traded. Marjorie and Paul thought they were being shunned, a direct result of their inability to stay in the mainstream of their community's activities.

Economic stress has a direct effect on social and emotional systems. Families need to be assured that their responses, which may seem crazy or unique, are normal and sane responses to external stressors. For example, rural families who blame themselves for earlier financial decisions need to be reminded that there was indeed support for those decisions at that time. The emotions triggered throughout their stressful times need to be verified so the family will not resort to self-blaming and guilt.

In a community mental health center setting, some trust-building strategies may not be appropriate for this population. "Rural families have long valued self-sufficiency while holding institutional services in low esteem (Camasso & Moore, 1985). Considering recent history with 'expert advice,' it is reasonable to expect trust of professionals to be at a low level." (Little, Proulx, Marlowe, & Knaub, 1987, p.406). To establish and maintain beneficial working relationships, more than usual effort is required. If an individual or family is very quiet in a mental health center setting, their behavior could be mistaken for unwillingness to participate in a therapeutic relationship when they may be unaware of the process and are waiting for the therapist to "take charge." Farmers are product-oriented people. They have something to show for their labors--corn, livestock, a tilled field. Therapists, on the other hand, cannot point to a specific product; those differences can cause misunderstanding and doubt from both parties.

The ability to assess the potential impact of a stressor or situation, aided by a rudimentary knowledge of rural lifestyles, can be very helpful. Rural families do benefit from encouragement, advocacy, and exposure to successful role models who are willing to share their coping and management strategies.

When asking specific farming and rural context questions, it may be a good idea to know the meaning of possible answers. Following are examples of questions with a brief explanation of dynamics behind the responses. Keep in mind that answers will vary with the situation.

Overhead #3-2

FARM FAMILY HISTORY QUESTIONS

These questions would give the interviewer a good idea of roles and dynamics occurring in the family.

1. *What kind of farming operation do you have? Do you own and/or rent ground? Are you managing additional land?*

Stress seems to be higher when farmers have diversified farms, a combination of grain and livestock operations (L. Walker & J. Walker, 1987). When primarily a grain operation, stress levels appear to be lower. Stress in a dryland (non-irrigated land) operation would differ from those in an irrigated operation, although not necessarily in level. In the summer drought of 1988, irrigated farmland was somewhat protected; however, irrigation operators often work 24 hours a day to maintain irrigation scheduling. Likewise, it may be helpful to know what land is owned, rented, or managed to have a clearer picture of responsibilities and stress levels.

2. *Is this an "intergenerational" farm? How many generations? Did the farm come from the wife's parents or the husband's parents? Are future generations interested in remaining on the farm?*

Some farms have been in the family for years; others were acquired. The stress one family is feeling may not be less than the stress of an "intergenerational farm," but parental conflict may be less. Intergenerational contact can have problems when several generations of adults farm together or share concerns for the same farm. The guilt level of a farmer in financial trouble on an intergenerational farm may be at a high level because of the family identity, loyalty, and feelings of failure. The loyalty involved when a son-in-law (vs. son) is working a farm may differ. There is guilt involved in not being able to pass on land to future generations, as well.

3. *Who is involved in the farming operation? Are there other generations involved? Does someone live off the farm, yet depend on farm income? Does more than one family live on the farm?*

As in Question 2, if more than one family lives on the farm or is dependent on farm income, stress levels increase. Emotional issues are multiplied when more family members are involved. It may be difficult for a farmer who lived through the Depression of the '30s to understand how his or her child can lose a business at a time when some farms are prospering.

4. *Who does what in the family? Who works where? What do you do during the day? Are you having to work off the farm to support the farm? How long have you worked off the farm?*

Is the primary farmer the husband, or are roles shared with children and wife? If the husband is the primary farmer, he may be feeling the brunt of the blame for financial difficulties. He may be assuming that the problem is his fault and may be isolating himself. Are there other, part-time jobs (off the farm) held by family members? Are they working by choice or necessity? Is working off the farm a positive

or negative experience? For some, off-farm employment is normal and represents no new stressors.

5. *How are decisions made and who makes the decisions? For instance, does one family member do the farm work, while another makes the decisions from his or her house in town? How clearly are areas of responsibility delineated?*

These inquiries could elicit many different responses. There may be feelings of resentment from past histories of sharing farm decisions and/or labor. There may be anger on the part of the working farmer i.e., "I'm doing the work, and Dad is making the decisions, yet losing it has become my fault." Or, there may be a history of positive working relationships, and Father has been supportive throughout the problem times. The younger generation may be reaching toward a larger portion of the responsibility, and the older generation may be attempting to "hold on" to the decision-making process. There appear to be "stages in retiring" with family members. For instance, a son may have come into the farm business, initially performed the physical labor, and later made management decisions. The last "stage" might be the actual transfer of business ownership. If he and his father do not agree on the timing of these "stages," there may be added conflict.

6. *To whom do you owe money? Are there problems with your lender(s) and, if so, what are they? Have you communicated with your lender(s)? Have you sought legal or financial advice?*

These questions may be important because lending practices are not consistent between lenders; regulations from a private banker may differ greatly from an FmHA loan. Each set of rules and regulations varies, and it may be useful to know in order to refer clients for financial and legal information. Knowledge of communication efforts is important because some families may have ignored correspondence from their lenders, preferring to deny that a problem exists. Knowledge of previous efforts to seek help may also offer insight into family dynamics.

Other information: some additional questions that might be asked are questions about insurance status (have they had to drop insurance?), if emotional support is available, and what other "agencies" or groups (if any) have been contacted. Certainly, this explores the possibility of an existing network and helps in eliminating duplication of resources.

A "Farm Family History Questions" form is included in the Module 3 Appendix.

DISCUSSION:

1. **Are there additional questions which would be helpful in working with a rural family? What are they and why would they be important? (Note: Asking why the addition is important helps you as the presenter gain insight to further knowledge about family issues. It also aids the respondent to process his or her own feelings around the issue.)**

As mentioned previously, economic stress can cause disruption in family roles, the division of labor, parenting capabilities, children's functioning, and family interaction with the surrounding community. The Lowell's story points out some of those disruptions. As in most relationships, when an event affects one person in the relationship, it affects others. The event may be positive or negative, but one can be certain it will affect the family as a whole.

Continue Video 6.35 minutes

THE LOWELL FAMILY

Marjorie recalls how their family begins to change...

Marjorie:

With Paul working part time in town and me working full time off the farm, it seemed there was just never enough time to do anything! "Family," as we once knew it, was gone. Sadly enough, it seemed the more we worked, the further behind we got! For me, taking a job in town meant I had to invest in a different style of clothes. There was also added gas expense. Even though town was only 15 miles away, I had to take Paul home over my lunch hour so he could work on our farm the rest of the day. When we sold the family car, we agreed that one vehicle would be enough, but I began to wonder if it was all worth it. The town economy was also suffering, and everyone seemed to need employment. We took low salaries since we figured we weren't trained for anything better. After all, we didn't know how to do anything but farm!

The kids seemed to adjust to the worries and stress going on in our household, but, of course, that's not true. They were stuffing their worries inside. At times I would turn around and catch one of our youngsters staring at me with worried eyes and a concerned look. Rather than admit I was worried sick, I ignored the look. Thinking back, I know the longer Paul and I went without talking to our children, the worse the tension and stress got. We just didn't know what to do. I guess, as parents, we thought the more we protected our kids from the situation, the less they would worry. What we didn't realize is that our silence made it worse.

Finally, our youngest "let the cat out of the bag." It seems they were still feeling ostracized at school because word had "gotten around" that we had fallen on hard times, and no one knew what to say! Because we couldn't afford to continue our family social activities, there were no opportunities for the kids to feel like they were a part of the school. It's ironic, but the local banker's children also were being ostracized because their father was seen as the "bad person" who called in loans. Our children thought it would be disloyal if they befriended the banker's children! If Paul and I had taken the time to explain our financial arrangements and why they weren't working out, perhaps this could have been avoided. As you can imagine, this heaped more guilt on Paul and me for our inability to handle "our problems."

Late one night, Paul and I were sitting at the kitchen table. We were prioritizing the bills to be paid when Paul looked at me and said, "Marjorie, let's just quit! Let's tell them we can't cut it, any more--that they can have it all, and we'll just walk away!" I stared at Paul in shock. He had never suggested giving up. I couldn't believe that he would even think of such a thing. I began to talk about my feelings. I talked about the joy of living and working with him all these years...about raising three children in the country and the hopes we have in our family. I recounted all the years we had worked, side by side, when in some of those years, I questioned whether it was worth it. I talked about the times when I would envy the "town women's" lives because they didn't have to worry about planting crops and then hold their breaths until crops were harvested. I recalled the additional responsibilities we had taken on to expand operations. I spoke of the many times I wanted to throw in the towel, but Paul had always convinced me our life was worth so much more by living in the country and having our own business. I admitted to the guilt I felt when there were times I secretly wished we could be "town folks." But, I concluded, it had been worth it; our life together had been good up to this point.

That night seemed to be the "breaking point" in our long drudgery of denial. We had been plugging along, deep in our own problems. We were not really admitting that there were other things we could do to make our lives brighter. For one, we could continue talking like we did that night, and we could include the children in those conversations. Perhaps we could even reach out to others who were hurting in the same way. We made a pact to begin to change our lives--no matter what the bottom line on the budget said. Years ago, we used to do things that didn't cost money; surely, we could do some of those things again.

Ironically, two days later, a co-worker took me aside and asked if she could do anything to help us. My first reaction was to suggest she mind her own business. Her gesture seemed so sincere, however, my second thought was how I must have hurt her by my abruptness. I agreed to have a cup of coffee with her after work.

She told me about a support group that was being formed for rural people in distress . . .

DISCUSSION:

2. **Do you hear the changing dynamics in the Lowell family? What are they? (Note: Marjorie and Paul are grappling with changing responsibilities due to job changes. There was a breaking point in their relationship, as well, which represents "hitting bottom" and the upswing to start making positive changes in their lives.)**
3. **What are your personal values and opinions regarding changing family roles? How might gender role changes affect children in a family?"**

Marjorie and Paul were grappling with many issues in their lives, and one of the "couple issues" they were not dealing with was Marjorie's "role change" in the family. With her first job off the farm, she became aware that she could accomplish other types of work. She was earning her own paycheck and wanted to have a voice in how the money was allocated. At the same time, Paul, aware of this change, was battling with his own guilt and low self-esteem over the sense of powerlessness in his life. Communication deteriorated, and it took an "over the edge" situation to reveal the couple's loyalty to each other. There are different reactions to the "breaking point"--luckily, Marjorie and Paul were willing to make changes and begin rebuilding their family life without getting stuck in anger and blame.

GENDER ROLES

Human service providers who work with couples experiencing problems need to assess role behavior. How compatible are the roles that the husband and wife now hold? Are new roles being accepted by one member of the family and not by other members? Are both the husband and wife attempting to change to new roles or to maintain old ones? Are there areas where the couple agree on roles which are congruent with their present life situation? Are there areas where the couple or family is willing to compromise or grow together?

Shifts in gender roles, as adaptations to a new way of life, may bring about tension and stress within rural families. It may help to be aware of differences between traditional rural families and possible adaptations to new circumstances.

Role theory defines roles as the typical behavior of persons occupying social positions. Role set refers to varied roles in a single position. A "traditional" rural man's role set might include farmer, financial provider, father, husband, and mechanic. A "traditional" rural woman's role set could be housekeeper, mother, wife, gardener, and farmer. Traditional roles are patterned behaviors of people interacting with others in a traditional environment. (Davis, cited in Zook, 1988)

The rural transition caused changes in family roles, and it is difficult to define the "traditional" role in the 1980s. Women have become much more active in farm roles, and the role set has broadened with additional responsibilities by each family member.

Human service providers might want to be aware of changes in gender roles and the response of rural families to situations where traditional roles no longer apply. With the changes of rural communities and with the need for two-income families, it is evident the role change has become more the standard instead of the exception. The change in lifestyle is stressful for anyone; however, when this change is not chosen, but forced upon a family or individual, it may seem overwhelming.

In addition to assessing the role function of the family, the human service provider can discuss changing role function and offer information about the type of stress which families typically experience when they change lifestyles. The purpose of addressing such issues is to help a couple clarify for themselves where they are in the process of changing, where they wish to be, and what they can expect as they make changes. Such predictions can help the couple's understanding and ease in making changes.

One way to explore the outlook with changes in family roles might be to ask participants to complete open-ended sentences such as:

1. The person in my life who is presently changing is . . .
2. The way I feel about the changes this person is making is. . .
3. I'm afraid that . . .
4. I'm hopeful that . . .
5. It might be easier if . . .
6. I wish that. . .
7. In the end, I will. . .

(Hollis & Hunter, 1983, p. 21)

There are a variety of ways in which human service providers may come into contact with rural families who are having problems. For example, referrals may come from clinical treatment programs, community support groups, or outreach programs. The typical values and roles of rural families need to be acknowledged, understood, and accepted.

Support groups may be an alternative way to help some people make the transition in roles. Service providers who organize support groups for rural families can also benefit from knowledge about family roles.

In many instances human service providers may not deal directly with this issue. Nevertheless, providers who wish to involve a family in some service or program may benefit from recognizing role transition problems when making contact with a rural family (Zook, 1988).

For instance, there are role changes for children in the family. There may be changes in household responsibilities assumed as the primary householder accepts work off the farm. Children may be filling more responsible household roles as they perform jobs that "Mom" or "Dad" used to do. Adolescents may have to seek part-time jobs or increase hours on their present job. Children may have increased responsibility of taking care of themselves or their younger siblings.

ROLE CHANGES FOR WOMEN

Stress among women who work outside the home has been a topic of much previous research, yet scant attention has been given to stress associated with farm work and "traditional" family roles. Like women in more populated areas, farm women experience stress from conflicts between their roles at home and at work. Berkowitz and Perkins (1984, p. 163) concluded in their study that "stress among farm women is related to a complex set of factors encompassing the extent of farm and home roles, conflict between farm and home roles, and the presence or absence of support from significant others." One of the major predictors of stress symptoms among women was "major decisions being made without my knowledge or input" (J. Walker & L. Walker, 1987).

Looking at rural women in a general sense is not sufficient for the human service provider. It is necessary to evaluate each situation and identify specific issues surrounding the loss or possible loss of a rural business. "Traditional" farm women have worked alongside their spouses for years and often have as much identity with farming as their husbands. They share most or all aspects of farming, and if you would ask this woman what her life profession is, she would likely reply, "I'm a farmer." Marjorie typifies this rural woman; even though she did not have full knowledge of the financial side of farming, she shared in every other aspect. Marjorie faced the change from being the family nurturer to becoming employed outside the farm realm. Along with responsibilities of outside employment, she still maintained her "normal" workload of being a farm wife and mother. For her, one source of conflict came from feelings of not meeting the role expectations both she and others had.

There are also rural women who live on the farm but have close ties to "town." They may have chosen to work in town, and their lives are closely tied to town activities. Their husband may prefer having sole interest in farm activities rather than a spousal partnership.This type of relationship is also threatened by financial crises.

A farm woman may have farmed with her husband for years, yet never enjoyed it. She may have resigned herself to being a "farmer's wife" because of the marital relationship. This rural woman may actually be relieved that they can no longer farm, yet she will need to come to terms with her guilt over such feelings.

A couple's loyalties to farming or a rural business vary. Perhaps one rural woman is not as heavily vested in the rural business as her husband. She may provide emotional support and then move on to how they can change their lives to better meet their needs. If she has contributed to the financial support of her family, the amount of financial dependence may vary, and there may not be as much incentive to stay in the rural business. There may be conflicting interests between spouses regarding how much they value farming as a lifestyle. (For more information, see "Clinical issues with farn women," by Delworth, Veach, & Grohe referenced in Module 5, p. 18.)

ROLE CHANGES FOR MEN

In 1987, the National Safety Council determined that farming was the most physically dangerous industry in the United States. Adding stress to the danger of farming was the 1980s economic picture. Paul Lowell had always felt in control over his finances, and suddenly the lender was calling the shots. Paul felt helpless and powerless, and his role of "financial provider" was shaken. Adding insult to injury, Marjorie also became a financial provider to the family.

When a role transition takes place, it invariably affects the entire role set of the person. Paul was no longer able to see himself as the sole provider. As a result of the demands of his work load, his roles as husband and father suffered, and frustration increased. With the change or "threat" to Paul's previous role, the relationship with his wife and children changed.

Traditionally the rural ethic has been that "hard work pays". It became apparent that in this time of transition, Paul could work as hard as he wanted, but it would not necessarily pay off. Thus, his role of strong, hard-working provider was also shaken.

Taking a part-time "town" job meant that he could not be where he loved being--with his land and livestock. Since one of Paul's strongest roles was that of being a traditional farmer, his identity was badly shaken. Remember the farmer who ". . . walked, talked, and looked like a farmer"? Paul may have been working in the mailroom in town, but that did not necessarily mean he was a mail clerk. He found it increasingly aggravating that his time was being taken away from farming; to him the mail clerk job was trivial in comparison to the farm.

If the mother begins to work a full-time job off the farm, a large portion of parenting may fall on the father's shoulders. Traditionally, a male farmer did not participate a great deal in childrearing because he was usually outside in the fields or in the shop. We have regarded childcare as a "feminine" task, and, although this is changing in recent years, rural society has been slow to incorporate this change.

There are also rural men who are not heavily vested in their farming enterprise. They may have obtained the business from their wife's father or it may have been forced upon them by their own father. They may be so tired and frustrated with agricultural forecasts that they see no reason to continue in the business. They may never have viewed themselves in the role of a farmer. For these men the rural transition may be a welcome change. In such a case, there is still accompanying guilt over the loss of a business and the failure to carry out their family's expectations.

These are just a few of the many possible scenarios that contribute to the complexity of a rural human service provider's job. Throughout the years, rural populations were thought of as homogeneous, when they are obviously heterogeneous.

DISCUSSION: (These discussion questions lend themselves to small group participation, if desired. Divide into small groups, allow 10-15 minutes, and ask for a verbal summary from each group upon reassembling.)

4. **Are gender roles continuing to change in urban areas? Will that cause further changes in rural areas? What are some differences on a rural/urban continuum?**
5. **As a younger person, what roles did your parents fill? Have those changed in the 1980s? If so, how?**

INTERVENTION: WHERE TO BEGIN

There are many different issues, but a major task of human service providers might be to recharge the communication process, first, between family members, and then with other groups, including extended family and community. The stigma of reaching out for help, whether to grassroots groups or professional human service providers, lessens if families can make that initial admission that they need help. If families cannot reach out, other ways of encouraging them are discussed later.

Admitting they needed help was the key to change for Paul and Marjorie. The co-worker's timely information spurred the communication the couple needed to begin the process.

COMMUNICATION IS THE KEY

Some points of "family communication" are presented here. For more articles about communication, refer to the Appendix of this chapter.

Richard Stuart (1980) talks about stages of conflict in couples:

Graphic #3-3

The Trigger Stage: This is the time when a person first becomes aware that there is a problem. Some behavior or thought stimulates an initial emotional arousal, but the intensity of the reaction expressed is under operant control.

The Reflex Stage: This emotional response, usually anger, is generally intense but short in duration. It generally follows learned channels of expression and takes advantage of the resources that each person has for the expression of discontent; for example, blaming, threats and even violence.

The Fatigue Stage: Temporary abatement of anger occurs because it is difficult to maintain the intensity. This stage provides an opportunity to redirect the reflex.

The Commitment Stage: This is the time when the smoldering feelings of discontent are kept alive, not by the original conflict, but by self-given messages of rational thoughts ("I should not have stood for that."). Behavior during this stage is often highly manipulative and maneuvering for relationship gain.

The Reconsolidation Stage: When the arguing ends, the negotiation can begin. This means that each person involved enters a problem-solving mode, and problem solving begins.

The Rapprochement Stage: This occurs when the discussion can be summarized and this summary acknowledged by all concerned. This stage involves a reciprocity of change. All must agree to share both the burden and opportunity of change.

These stages, for the rural family, are an extremely long process if their farm or financial crisis has taken a period of several years to manifest itself. Given the possibility of spending three to five years in the fatigue or commitment stage, it is no wonder family dynamics become so complex! Clearly, the farm crisis and resulting rural transition are not acute situations. They are long-term processes. Even when bankruptcy or the repossession of a business occurs, the process can last several years.

If we consider six major types of farm stress--financial, weather, work overload, social, hassles, and worry--we might assume that financial stress would be the most frequently reported by farm families. However, social stressors were clearly the most predictive of stress and symptoms. Faulty communication is a social, emotional, and financial stressor (J. Walker & L. Walker, 1987).

ATTACKING FAULTY COMMUNICATION

Adapted from J. Walker & L. Walker (1987)

Lack of accurate communication, or miscommunication, is the root cause of problems with many people. What are some of the causes of faulty communication between family members and how might they be resolved?

Many families do not spend quality time together simply talking and sharing. To a certain extent, talking about feelings, problems, and tensions will in itself provide some feeling of relief.

The guidelines and suggestions for improved communication outlined here are applicable to spouses, children, and to interactions with parents and relatives. Improving communication helps to minimize the stress within relationships, and also strengthens these relationships, increasing their stress-buffer value.

Graphic #3-4

- **Taking Time to Communicate.** Some communication problems stem from simple lack of communication. When is the last time, for example, that you had a good, honest and mutually sharing conversation with your spouse, with your children, or with your own parents?
- **The Importance of Sending Clear Messages.** Communication can break down because the speaker fails to send clear messages. The message may be mixed or ambiguous. Consider the following exchange between husband and wife as an example: Wife: "Can we afford a vacation this year?" Husband: "Where would you like to go?" (Note how the husband responded to a different question than the one asked.) "Oh, I don't know, anywhere I guess just as long as it's away from the farm." (Wife really would like to go back East to visit her parents, but is afraid to say so for fear it will be too expensive or that her husband will turn down the vacation option if he knew what she had in mind.) Husband responds with, "Sounds like a good idea--let's wait and see how things go." At best, this conversation reflects a diversion to a slightly different issue, avoidance, reluctance to express true feelings, and a "put-it-off" attitude which may preclude the couple ever taking a few days away from the grind of work.
- **The Difficult Art of Listening.** Successful communication requires at least two people engaged in quite different roles--a speaker and a listener. If either is missing, there is a breakdown in communication. Of these two components, listening is probably the more difficult. Few of us are really good listeners. Listening is more than just hearing. It involves paying attention, concentrating, tuning in to the total message (both verbal and nonverbal), and requires an openness or receptivity to what the speaker is trying to communicate.

Some of the factors which conspire against good listening include:

- **We may think we have heard, but the message may have been unclear.** Failure to clear up the real intent of the message may lead to miscommunication.
- **We process the words much more rapidly than we hear them.** This leaves an interval during which our attention may wander.
- **When the other person is talking, we are often distracted by thinking what we are going to say next.**
- **The words we are hearing may elicit such a strong negative emotional response that we start blocking the message.** We may feel threatened by what the other person is saying and refuse to really hear it.
- It is difficult not to judge and screen the message we are hearing. **We automatically tend to hear things with which we agree, and screen out those things we do not want to hear.**
- **We may be so wrapped up in our own thoughts and problems that we are too preoccupied to really care, hear, or understand the message.**

We all have probably observed some conversations between adults which are almost comical in illustrating how these factors can destroy effective communication. In an extreme case, not listening can create two simultaneous, but different, conversations. One person says something, another responds with something completely unrelated to the first comment, the first person continues their prior line of thought and so it goes. An uninvolved observer will probably notice that there are really two quite separate and unrelated conversations but neither of the participants may be aware of the fact that he or she is not listening!

Not speaking one's mind provides another example of ambiguity caused by, in this case, not communicating. A spouse was astounded when her husband mentioned in a casual conversation that, after 40 years of eating potato soup, he really hated it! Although the potato soup seems a relatively trivial matter, it is surprising how many couples are reluctant to share their true feelings and reactions with each other. Open and honest communication of feelings can and should occur in a nonthreatening and nonjudgmental context.

ASSERTIVE COMMUNICATION

Communication which allows people to express feelings in their best interests, to stand up for themselves, to be comfortable with honest expression of their thoughts or feelings, and to exercise their own rights without denying the rights of others is considered to be assertive communication. Through the process of learning assertive communication, the self-worth of a person is usually increased. Aggressive communication can result in accomplishing goals at the expense of others, and nonassertive communication result in denying the rights of self.

Alberti & Emmons (1974) list a number of elements which constitute an assertive act. These components are:

Graphic #3-5

- **Eye contact:** Looking directly at another person when you are speaking to them is an effective way of declaring that you are sincere about what you are saying, and that it is directed to them.
- **Body posture:** The "weight" of your messages to others will be increased if you face them, stand or sit appropriately close to them, lean toward them, and hold your head erect.
- **Gestures:** A message accented with appropriate gestures takes on an added emphasis (overly enthusiastic gesturing can be a distraction).
- **Facial expression:** Effective assertions require an expression that agrees with the message. Have you ever seen someone trying to express anger while smiling or laughing? The message does not come across.
- **Voice tone, inflection, volume:** A whispered monotone will seldom convince another that you mean business, while a shouted epithet will bring their defenses into the path of communication. A level, well-modulated conversational statement is convincing without intimidating.
- **Timing:** Spontaneous expression generally will be the goal since hesitation may diminish the effect of an assertion. Judgment is necessary, however, to select an appropriate occasion.
- **Content:** Although what you say is important, it is often less important than most generally believe. People who have for years hesitated because they "didn't know what to say" have found the practice of saying something, to express their feelings at the time, to be a valuable step toward greater spontaneous assertiveness.

From Alberti & Emmons (1974)

People suffering from excessive stress often have very low self-esteem. As a result, they tend to be more vulnerable to the stressors of living than do people who think well of themselves. Assertive communication is one tool with which to acquire more positive self-esteem. Along with assertive communication techniques, we can cultivate a stronger sense of personal identify with the realization that we all have personal rights.

Our personal rights include:

Graphic #3-6

- **I have a right to make mistakes.**
- **I have a right to be the final judge of my feelings and accept them as legitimate.**
- **I have a right to my own opinions.**
- **I have a right to change my mind.**
- **I have a right to protest unfair treatment or criticism.**
- **I have a right to interrupt to ask for clarification.**
- **I have a right to ask for help or emotional support.**
- **I have a right to ignore the advice of others.**
- **I have a right to say no.**
- **I have a right to be alone even if others prefer my company.**

(Resnick, 1988)

A word of caution: learned habits acquired through the years take time to change and changes take time to refine. A person's communication techniques affect everyone with whom they come in contact, and family members may not understand (or agree with) attempts at change. Ultimately, the open communication advocated here will enrich family relationships.

DISCUSSION: These discussion questions lend themselves to "role playing." Individuals may volunteer or be chosen to read scripts of conversations that represent different techniques of communication. "Your Perfect Right" (Alberti & Emmons, 1974) has role playing examples, positive and negative. Specific dialogue can also be written by the presenter.

6. **If couple and/or family communication is negative or hurtful, is it useful to encourage communication? What might be a better way to begin changing the patterns? (Note: Suggest more positive techniques; for example, learning to listen, taking the time to talk, being clear with your messages.)**
7. **If communication becomes open and honest, yet painful, are there other alternatives that might be more appropriate? How do you encourage facilitative, constructive communication? Discuss some possibilities. Review the techniques from the module, particularly assertive behavior techniques.**
8. **The appendix article, "Communication: Strategies to Help Resolve Conflicts" may be incorporated at this point. The presenter may wish to supply handouts with this information and continue discussion.**

FAMILY ENRICHMENT

Establishing or strengthening open and caring communication within families may nourish the love they share for each other. Making an active attempt to reduce family conflicts can produce similar effects. The family will be stronger for the effort and a strong family love provides one of the best stress buffers.

What can a human service provider suggest to family members to assist in being more supportive of one another?

Graphic #3-7

- **Tell family members when they have done a good job.** Get into the habit of giving compliments. A sincere compliment can provide a great deal of pleasure.
- **At the same time, get into the habit of being able to accept a compliment without feeling the need to discount it. Accept the compliment with thanks.**
- **Laughter can help heal hurt and relieve tension.** Help the family use humor in a stressful situation.
- **Try and be more considerate of other family members.** Could all family members be helping out a little more around the house?
- **Be accepting of the natural rhythm of other family members. Do not burden them with expectations** of being something or someone they are not.
- **Do not be afraid to express love through touch.** Do not be stingy in giving hugs--they are free! [Remember that touch includes eye contact, a smile, or a verbal expression such as "thank you". If you express affection, it is important that your physical and verbal expressions agree. It is also important to respect others' right not to be touched.]

(From J. Walker & L. Walker, 1987)

We mentioned in Module 2 that adolescents and children also suffer from lack of communication and distress over family relations. We talked about positive occurrences in children's lives that aid them in recovering or adjusting to life's stresses.

STRENGTHENING RESILIENCY IN FAMILIES, PARTICULARLY CHILDREN

Graphic #3-8

Parents need to be very concrete with their families, as children can sometimes think when they hear talk of "losing the business" that their dearest possessions will be taken away--perhaps a favorite doll, or a bicycle, or for the adolescent, their sound system or clothes. Age-appropriate information is necessary; the longer children in the

family are not told what is going on, the more time they have to imagine their own disastrous worries. So, advise the adults to let kids in on the situation!

Children have a lot to offer parents if they are made part of the effort to respond to the problem. Children can become helpers in making certain the family home runs smoother. If children feel they can make a contribution to the family, they will feel better about themselves.

Another way to strengthen resiliency in children is to **inform them about the nature of the challenge facing them, their families and their communities.** Keep in mind that bewilderment, anger, and fear are based on ignorance. Children respond to problems by wanting to know what is going on; they feel more a part of the solution if they can be a part of the process.

As Marjorie said, it seemed "easier" to ignore her children's warning signs of worry and stress. She and Paul felt they were protecting their children, yet their children's fears were exacerbated by their lack of knowledge. The message that needs to be relayed to adults is to be open and honest through clear communication.

Adults can **help these young people look to the future with hope and self-confidence**. Constant emphasis on despair and resentment tears at their self confidence. Adults can encourage children to become problem solvers by suggesting they help the family consider alternatives to their present situation. Older children may have to look at different options for their livelihood if they had plans to take over or share in the rural business. If these messages are clear and supportive, chances are the outlook of those children will be more positive.

Parents need to make their children a part of their lives by sharing their pain, their worries, their hope and courage. They need to listen to children. Children want adults to understand, to listen without criticism or judgment. As adults listen, they can begin to give words to what they are feeling and thinking, to show that adults, too, struggle with the same issues, albeit with a different perspective.

(From Smith & Hause, 1986)

CONSEQUENCES AND RESPONSES

In one study, 12-18% of the farm families who were disenfranchised reported an increase in the use of alcohol. In other studies, 49% reported becoming more physically violent, and much of that violence was being turned toward family members. Children are beginning to show more signs of hypersensitivity, tension, and depression. Divorce is on the upswing. Maladaptive attempts at coping can be very destructive. (Heffernan & Heffernan; Bosc; Lindholm; Wall; and Lane; cited in Jurich & Russell, 1987)

The above facts sound grim; the human service provider might benefit from increased knowledge and awareness of the characteristics of increased alcohol abuse in adults and adolescents (see Appendix). Also noted in the Appendix are signs of depression and of suicide, information about physical violence, and some alternatives for treatment.

CHANGE IN RURAL COMMUNITIES AND THE ELDERLY

"If I'd known I was going to be around so long, I'd have taken better care of myself." (Anonymous)

Recently, a newspaper article spoke of the increase in average age of farmers and the effect on farm ownership. "Nearly half of all farm assets are owned by farmers who will probably retire within 10 years, yet fewer than one in three younger operators is in a strong position to purchase those assets "(Smith quoted in "Aging of farmers," 1988). In addition, it has been suggested that more farms will be lost during the 1990s due to unsuccessful intergenerational transfers than have been lost during the 1980s due to financial failure.

This has a profound affect on our rural communities. Not only do the elderly comprise a substantial portion of the population base, but there are also reduced opportunities for extended families to stay in rural communities and share in the care of their elderly. The human service provider may want to be aware that the elderly population has specific needs.

There are a number of factors for scrutiny according to Marianne Goodfellow (1983):

1. The elderly may be less likely to use services because their background was one of self-reliance and independence.
2. Rural elderly continue to be guided by rural values which emphasize independence, autonomy, and not using public assistance.
3. Transportation and physical isolation are both major barriers to the use of services.
4. Elderly frequently find the application for services a difficult and confusing process.
5. Many lack awareness of such services.
6. Social services in rural areas are minimal and are coupled with a shortage of doctors, dentists, pharmacists, nurses, and other professionals.
7. Nonparticipation by the elderly in social service programs may be due to the availability of assistance from family, neighbors, and friends.

Goodfellow's research showed that the existence of informal help was the best predictor of social service use. Finally, her research indicated that four areas of social service needs are particularly relevant for those elderly in rural areas: health care, household assistance, personal care, and transportation. Formal services are not likely to meet the needs of the rural elderly.

Elderly rural parents appear to be giving more financial aid to their children. Parental aid to children may reflect the greater stake of families in maintaining intergenerational operations. Parental effort to protect the farm may cost them their own financial security. This is history that may be important to obtain in understanding an elderly person's needs. Financial assistance programs that are responsive to the particular needs of farm families may be needed. (Scott & Roberto, 1988)

It is not easy to diagnose depression in the elderly. They may have masked complaints of chronic pain, multiple somatic problems, or even the picture of dementia (pseudo dementia). When elderly people appear confused or demented, it is necessary to obtain history from a family member or friend. A careful history may reveal that thought impairment was not evident until the onset of depressive symptoms. (Scott & Roberto, 1988)

"The prevalence of clinical depression has been reported as high as 13% in community-dwelling elderly citizens, while as many as 20-35% of those with concurrent medical illness are reportedly depressed. Those over age 65 account for about 11% of the United States population, but commit about 25% of all suicides" (Jenike, 1987).

Also of concern is the increase in improper medication and alcohol abuse in the elderly. A careful medication/alcohol history is mandatory, especially in clients showing symptoms of depression. Consideration might be given to unresolved grief with the rural elderly, particularly if there has been a recent farm loss.

A well-documented and consistent finding is the lack of medical care in rural areas. Of particular importance to human service providers is the finding that informal supports (i.e., children, friends) in rural areas compensate for lack of health care by providing more assistance when illness strikes. The relatively greater involvement of friends in providing care should be recognized as an asset to health care efforts and be utilized. At the same time, as role changes move rural family members (especially women) into other employment, attention must be paid to the loss of their assistance. A shift occurs from informal back to formal systems. (Scott & Roberto, 1988)

The literature suggests that family and friend relationships of older, rural adults are unique in several respects. A number of studies report that rural elderly interact more frequently with kin than urban older adults. Rural older couples report more role segregation than do urban couples. Furthermore, older rural adults perceive themselves as being more conveniently situated to friends and family than their urban counterparts. A consistent finding is that rural elderly report greater contact with friends and exhibit greater neighboring behavior than urban older adults. Indeed, the data would suggest to human service providers that the informal networks of older rural adults are very important. (Lee & Cassidy; Kivett; McKain; and Schooler cited in Scott & Roberto, 1988)

In conclusion, human service providers may want to be aware of the need to:

1. Continue to target services to the rural elderly
2. Involve family caregivers in the planning and delivery of mental health service
3. Acknowledge and encourage friends' assistance with care of the elderly
4. Recognize the diversities of the elderly population within rural settings.

(Scott & Roberto, 1988)

Proper training for caregivers is also a necessity; people can provide services, but there may be more competent ways to care for those who are in need.

DISCUSSION:

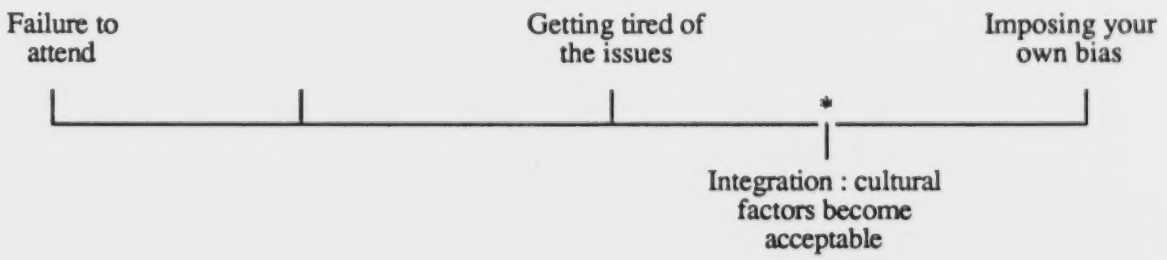
9. **Do you have elderly parents or grandparents? Are they still healthy, active, and self-sufficient?**
10. **Will you be responsible for your parents' care as they age? Have they made plans for retirement? Have those plans been clearly discussed with family members? Have those plans changed due to financial difficulty?**
11. **Think about a community with a majority of elderly population. Would you like to live in such a community? What would you do to encourage activity with various community systems?**

SUMMARY

Many aspects of family dynamics have been reviewed, with the opportunity to delve further into topics through the Appendix information. Communication dynamics with the family, role model shifts, and children and adolescent family issues were addressed. Evaluative material for substance abuse, domestic violence, depression, and suicidal signs, and were introduced, as well as thoughts surrounding the growing elderly population.

Human service providers cannot be the "end all" to meeting community needs, but they can be a focal point. If sensitivity to rural issues can be increased, then as a human service provider, you begin to join your community.

Rural history and attitudes can be likened to a culture. Lopez and Nunez (1987) talk about a progressive development in understanding cultural issues. He mentions a continuum of understanding, and he places people at various stages in their understanding processes:



Becoming sensitized to the complexities of rural families--their values, their attitudes, their expectations--can be an integral part of helping. Human service providers can become more aware of issues if they progress along this continuum of understanding and remain open to the differences that might occur with rural families. Being aware of characteristics with rural families can reduce the tension between families and human service providers and allow avenues of intervention that otherwise might not be possible.

DISCUSSION:

12. **Explore your attitudes toward cultural differences. Is it important to learn about those differences or are we all basically alike?**
13. **Do different rural areas have different cultural values? Should it matter to the human service provider? Why or why not?**

The Appendix in Module 3 includes:

Farm and Family History Questions: a form that can be reproduced to help in initial meetings with farmers and their families.

Communication Strategies to Help Resolve Conflicts: a brief outline of communication techniques that may help problem solve conflicts.

Alcoholism Is: a working definition of alcoholism and its' stages.

Can I Inherit Alcoholism: information discussing the role genetics may play in alcoholism and questions to explore high risk possibilities.

Signs of Alcoholism: questions to inform about the symptoms of alcoholism.

Drinking Myths: some common myths surrounding drinking habits.

Children of Alcoholics: a list of characteristics common to a high risk population.

Co-Dependency: characteristics and results of behaviors with co-dependent persons.

Depression: definitions of stages and symptoms of depression and what one can do to combat protracted depression.

Domestic Violence: guidelines for human service providers in domestic violence cases from the National Coalition Against Domestic Violence.

Secrets of Strong Families: six major qualities that strong families share.

DISCUSSION QUESTIONS

1. Are there additional questions which would be helpful in working with a rural family? What are they and why would they be important? (Note: Asking why the addition is important helps you as the presenter gain insight to further knowledge about family issues. It also aids the respondent to process his or her own feelings around the issue.)
2. Do you hear the changing dynamics in the Lowell family? What are they? (Note: Marjorie and Paul are grappling with changing responsibilities due to job changes. There was a breaking point in their relationship, as well, which represents "hitting bottom" and the upswing to start making positive changes in their lives.)
3. What are your personal values and opinions regarding changing family roles? How might gender role changes affect children in a family?"
4. Are gender roles continuing to change in urban areas? Will that cause further changes in rural areas? What are some differences on a rural/urban continuum?
5. As a younger person, what roles did your parents fill? Have those changed in the 1980s? If so, how?
6. If couple and/or family communication is negative or hurtful, is it useful to encourage communication? What might be a better way to begin changing the patterns? (Note: Suggest more positive techniques; for example, learning to listen, taking the time to talk, being clear with your messages.)
7. If communication becomes open and honest, yet painful, are there other alternatives that might be more appropriate? How do you encourage facilitative, constructive communication? Discuss some possibilities. Review the techniques from the module, particularly assertive behavior techniques.
8. The appendix article, "Communication: Strategies to Help Resolve Conflicts" may be incorporated at this point. The presenter may wish to supply handouts with this information and continue discussion.
9. Do you have elderly parents or grandparents? Are they still healthy, active, and self-sufficient?
10. Will you be responsible for your parents' care as they age? Have they made plans for retirement? Have those plans been clearly discussed with family members? Have those plans changed due to financial difficulty?
11. Think about a community with a majority of elderly population. Would you like to live in such a community? What would you do to encourage activity with various community systems?
12. Explore your attitudes toward cultural differences. Is it important to learn about those differences or are we all basically alike?
13. Do different rural areas have different cultural values? Should it matter to the human service provider? Why or why not?

REFERENCES

Aging of farmers cuts farm numbers. (1988, September 2) Lincoln Journal-Star.

Alberti, Robert D., & Emmons, Michael L. (1974). Your perfect right. San Luis Obispo, CA: Impact.

Berkowitz, Alan D., & Perkins, H. Wesley. (1984). Stress among farm women: Work and family as interacting systems. Journal of Marriage and the Family, 46, 161-166.

Goodfellow, Marianne. (1983). Reasons for use and nonuse of social services among the rural elderly. Human Services in the Rural Environment. 8 (4).

Hollister, William G. & Hunter, Rebecca H. (1983, revised) Adult Life transitions. Learning experiences for people with problems. Chapel Hill, NC: University of NC, Department of Psychiatry.

Jenike, Michael A. (1987, February). Affective illness in elderly patients. Psychiatric Times.

Jurich, Anthony P., & Russell, Candyce S. (1987). Family therapy with rural families in a time of farm crisis. Family Relations. 36, 364-367.

Little, L., Proulx, F. P., Marlowe, J., & Knaub, P. (1987). The history of recent farm legislation: Implications for farm families. Family Relations. 36, 402-406.

Lopez, S., & Nunez, J. (1987). Cultural factors considered in selected diagnostic criteria and interview schedules. Journal of Abnormal Psychology. 96, 270-272.

Resnick, Steven. (1988, November). Stress management. Carrier Foundations Letter #138, p. 3. Belle Mead, NJ.

Scott, Jean Pearson & Roberto, Karen A. (1988) Informal supports of older adults: A rural-urban comparison. In R. Marotz-Baden, C.B. Hennon & T.H. Brubaker (Eds.), Families in rural america. St. Paul: National Council on Family Relations.

Smith,Charles A. & Hause, Richard. (1986). Heartache in the heartland [Videotape]. Manhattan, KS: Kansas State University.

Stuart, Richard. (1980). Helping couples change. New York: Guilford.

Walker, James L. & Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

Walker, Lilly Schubert & Walker, James L. (1987, October). Stressors and symptoms predictive of distress in farmers. Family Relations. 36, 374-378.

Zook, Lee. (1988). Gender role changes in farm Families. Human Services in the Rural Environment. 11, (3), 7-9.

Farm Family History Questions

1. What kind of farming operation do you have? Do you own and/or rent ground? Are you managing additional land?

   _____

   _____

2. Is this an "intergenerational" farm?

   ____ yes _____no How many generations? _____

   Did the farm come from the wife's parents or the husband's parents?

   _____

   Are future generations interested in remaining on the farm?

   ____ yes _____no _____

3. Who is involved in the farming operation? Are there other generations involved?

   _____

   _____

   Does someone live off the farm, yet depend on farm income?

   _____

   Does more than one family live on the farm?

   _____

4. Who does what in the family?

   _____

   _____

   Who works where?

   _____

   _____

   What do you do during the day?

   _____

   _____

   _____

   Are you having to work off the farm to support the farm?

   _____

   How long have you worked off the farm?

   _____

5. How are decisions made and who makes the decisions? Who does the work?

_____

For instance, does one family member do the farm work, while another makes the decisions from his or her house in town?

_____

_____

How clearly are areas of responsibility delineated?

_____

_____

6. To whom do you owe money?

_____

_____

Are there problems with your lender(s)?

_____

If so, what are they?

_____

_____

_____

_____

Have you communicated with your lender(s)?

_____

Have you sought legal or financial advice? _____

_____

7. Other information:

_____

_____

_____

_____

COMMUNICATION STRATEGIES TO HELP RESOLVE CONFLICTS

- Initiate open and honest discussion about the conflict.
- Be assertive but not aggressive. Do not be afraid to state your own position, but do it in a nonthreatening way without attacking the other person.
- Communicate the idea that even though you disagree with their views, you still love them as a person. (This is similar to the idea of telling a child that even though you may not like some bad behavior, you still love the child.)
- Again, affirm your positive feelings for the other person. This will often open the door to more acceptance on their part. Your positive affirmation of them removes some of the threat from the disagreement and makes them more open to change.
- Do not be reluctant to consider compromise. Meet them half-way.
- Suggest that the other person consider a compromise. Find a common ground of agreement. Use it to help resolve the conflict.
- Consider the use of humor to help defuse the tension in arguments.
- Every argument seems to have at least two "innocent victims" who are each suffering a "wrong" from the other. Examine your own behavior. Are you being unreasonable or inflexible?
- Remember, constructive conflict resolution begins with your actions, feelings, skills, and willingness to change.
- Outline a plan of action to resolve a particular conflict. What are you going to do to try and resolve the conflict? How do you expect the other to respond? What will you do if they do not behave in the expected way?
- Keep conflict resolution efforts constructive. Gently challenge their views, but never threaten their person.
- Initially, you can begin your conflict resolution efforts by building a mutual climate of trust. Work together with the other person on a joint cooperative effort. Cooperative interaction builds trust and has a powerful positive effect on the relationship between two people.
- Refrain from "labeling" the other person's position. If you label their ideas as "wrong," "simplistic," or "ridiculous," it will elicit an equally negative reaction from the other person and may cause them to entrench.

- Avoid "no-win" situations where, even if you win, the relationship costs are too high a price to pay. Is the issue of the conflict really worth the grief it may be causing?

- Define the conflict. Actually write out the issues on a piece of paper. Think small. The more limited the definition of the conflict, the easier it will be to resolve.

Walker, James L. & Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

ALCOHOLISM IS AN ILLNESS

Alcoholism is a disease from which people suffer because they cannot stop drinking and because they depend on alcohol as a coping mechanism. Alcoholism has disabled people for thousands of years, yet no one knows what causes it.There are probably several causal factors.

Alcohol has serious effects on the alcoholic person, family and friends, and society. An alcoholic becomes addicted both physically (withdrawing from alcohol is painful) and psychologically (alcohol is soothing and comforting). Alcoholism affects people of all ages, economic, and social backgrounds. Approximately seven out of ten people drink alcoholic beverages, and one out of ten of these becomes an alcoholic. Eight out of ten high school seniors have tried alcohol more than once.

When a person drinks alcohol, it rapidly enters the bloodstream and circulates to all parts of the body within a few minutes. However, the main effect is in the brain where control centers are "dulled", resulting in intoxication. The body burns up pure alcohol at the rate of 1/2 ounce per hour, so a person weighing 150 pounds can consume one drink in one hour with no alcohol accumulation in the blood.

Persons suffering from alcoholism can hide the illness from others, or even from themselves, for a long time. Alcoholic persons tend to spend a lot of time thinking about drinking and planning where and when they are going to get their next drink. They may keep bottles hidden at home, in the car, or at work for quick pick-me-ups. They may deny quite forcefully that they have been drinking or not even be aware of how much alcohol has been consumed. Indications of alcoholism include gulping drinks, drinking alone, drinking in the morning, or drinking before facing situations that bring on feelings of stress, nervousness or unhappiness.

When drinking behavior becomes a problem the person may...

- escape problems by drinking
- not be able to carry out promises to quit
- have difficulty stopping with one drink
- drink more to maintain initial effects
- give alcohol precedence over other aspects of life
- avoid people and not trust anyone
- begin to miss work and become generally irresponsible
- suffer from delirium tremens ("DT's") and poor nutrition
- hit "rock bottom"
- persist in drinking despite painful results, i.e. physical, emotional, and social affects.

Adapted from: Treating alcoholism. (1974.) U.S. Dept. of Health and Human Services. DHHS Publication (ADM) 81-128. Washington, DC: Superintendent of Documents.

CAN I INHERIT ALCOHOLISM?

If your parents were alcoholic, you are at greater risk of becoming an alcoholic yourself. Recent studies have utilized a precise method of determining the role of genetics in alcoholism: determining the fate of children given up for adoption at birth.

When the life histories of hundreds of adopted children were assembled, several surprising facts emerged. First was the unexpected finding that if the home the children entered contained an alcoholic parent, there was no increase in alcoholism among the children. Hence, being raised by an alcoholic in no way created children who would become alcoholics.

Next it was noted that the transmission of alcoholism from father to son was very strong. If the natural father had severe alcoholism, his son, even though separated from him directly after birth, was nine times more likely to be an alcoholic than boys of nondrinking fathers. If the mother had severe alcoholism, a daughter, even though separated from her directly after birth, was three times more likely to be alcoholic than children of nondrinkers. Father/daughter and mother/son inheritance of alcoholism was also present. When an alcoholic parent produced a child of the opposite sex, that child had a two-fold increase in his or her risk of becoming an alcoholic.

These studies definitely indicate that if one or both of your parents are alcoholics, you are at risk of becoming an alcoholic yourself. This does not mean you are certain to be an alcoholic. It just means you need to be careful.

You should also be careful if a grandparent was an alcoholic. Alcoholism is often seen to "skip generations." Your grandparent may have been an alcoholic; but your parent, seeing what a terrible disease it was, strictly avoided any alcoholic beverages and did not fall prey to the disease. If this was the case, you may have inherited a susceptibility to alcoholism, and you could succumb even though your parents escaped.

ARE YOU AT RISK?

1. Do you have an alcoholic parent or grandparent, brother or sister?
2. Do you have a history of depression? Most everyone has been depressed at one time or another, usually when something unfortunate has happened. But do you have depressions that "come out of the blue"?...depressions that occur for no apparent reason? Over a year, have depressions occurred with regularity?
3. Do you awake frequently at night? dream "too much?" have trouble getting a restful night's sleep? Over a year, do these sleep disturbances occur regularly?
4. Have you had frequent episodes of craving or bingeing with foods? (ice cream, corn chips, chocolate?)
5. Can you stop drinking for two weeks? Since the peak of withdrawal generally lasts about four days, people with mild dependence can stop drinking for several days without any problem. But they will usually find it too uncomfortable to abstain for more than four days...certainly not two weeks.

Nickens, Wayne & Burns, Steve. (1985). Not guilty, not crazy. Sante Fe Spring, Ca: I-Med Press.

WHAT ARE THE SIGNS OF ALCOHOLISM?

The following questions will help you learn if you have some of the symptoms of alcoholism. You might use the questionnaire as a rough checklist to determine whether you or a member of your family need help.

	Yes	No
1. Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you a hard time?	—	—
2. When you have trouble or feel under pressure, do you always drink more heavily than usual?	—	—
3. Have you noticed that you are able to handle more liquor than you did when you were first drinking?	—	—
4. Did you ever wake up on a "morning after" and discover that you could not remember part of the previous evening, even though your friends tell you that you did not pass out?	—	—
5. When drinking with others, do you try to have a few extra drinks when they will not know it?	—	—
6. Are there certain occasions when you feel uncomfortable if alcohol is not available?	—	—
7. Have you recently noticed that when you begin drinking, you are in more of a hurry to get the first drink than you used to be?	—	—
8. Do you sometimes feel a little guilty about your drinking?	—	—
9. Are you secretly irritated when your family or friends discuss your drinking?	—	—
10. Have you recently noticed an increase in the frequency of your memory blackouts?	—	—
11. Do you find that you wish to continue drinking after your friends say they have had enough?	—	—
12. Do you usually have a reason for the occasions when you drink heavily?	—	—
13. When you are sober, do you often regret things you have done or said while drinking?	—	—
14. Have you tried switching brands or following different plans for controlling your drinking?	—	—
15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?	—	—
16. Have you ever tried to control your drinking by changing jobs or moving to a new location?	—	—
17. Do you avoid family or close friends while you are drinking?	—	—

		Yes	No
18.	Are you having an increasing number of financial and work problems?	—	—
19.	Do more people seem to be treating you unfairly without good reason?	—	—
20.	Do you eat very little or irregularly when you are drinking?	—	—
21.	Do you sometimes have the "shakes" in the morning and find that it helps to have a drink?	—	—
22.	Have you recently noticed that you cannot drink as much as you once did?	—	—
23.	Do you sometimes stay drunk for several days at a time?	—	—
24.	Do you sometimes feel very depressed and wonder if life is worth living?	—	—
25.	Sometimes after periods of drinking do you see or hear things that are not there?	—	—
26.	Do you get terribly frightened after you have been drinking heavily?	—	—

If you answered "yes" to any of the questions, you have some of the symptoms that may indicate alcoholism.

National Council on Alcoholism. (1987, April) Shape, 71.Used with permission.

DRINKING MYTHS:
WHAT WE THINK WE KNOW CAN HURT US!

- "I drive better after a few drinks..."
- Most skid row bums are alcoholic... or most alcoholics are skid row bums.
  (Less than half the derelicts on skid row have drinking problems.)
- Very few women become alcoholic.
  (The ratio is now 3 males: 1 female)
- Most alcoholic people are middle-aged or older.
  (Men in their early twenties have the highest proportion.)
- You are not alcoholic unless you drink a pint a day.
  (There is no simple rule of thumb.)
- The really serious problem in our society is drug abuse.
  (Right! And our No. 1 drug problem is alcohol abuse.)
- "It is only beer."
  (Just like it is only bourbon or wine. One beer or one glass of wine is about equal to one average "highball." The effect might be slower, that is all!)
- "I am just a social drinker."
  (Plenty of "social drinkers" become alcoholic.)
- People are friendlier when they are drunk.
  (They are also more hostile, dangerous, criminal, homicidal and suicidal.)
- All that publicity about drinking and driving is...
  (True. At least half the fatal highway accidents involve drinking.)
- Today's kids do not drink.
  (Kids' favorite drug is the same as their parents' favorite: alcohol.)
- If the parents do not drink, the children will not drink.
  (Sometimes, but the highest incidence of alcoholism occurs among offspring of parents who are either teetotalers...or alcoholic.)
- A few drinks can help you unwind and relax.
  (Maybe...but if you use alcohol like a medicine, it is time to see your doctor!)

Drinking myths: A guided tour through folklore, fantasy humbug & hogwash. Division on Alcoholism and Drug Abuse (DADA). Lincoln, NE: NE Department of Public Institutions.

CHILDREN OF ALCOHOLICS

"Children of alcoholics have a four times greater risk of developing alcoholism than children of nonalcoholics. There are 28.6 million children of alcoholics in the U.S. today, 6.6 million of whom are under the age of 18."

The characteristics we seem to have in common due to having been brought up in an alcoholic household are:

1. We became isolated and afraid of people and authority figures.
2. We became approval seekers and lost our identity in the process.
3. We are frightened by angry people and any personal criticism.
4. We either become alcoholics, marry them--or both--or find another compulsive personality such as a workaholic to fulfill our sick abandonment.
5. We live life from the viewpoint of helping and seeking victims and are attracted by that weakness in our love and friendship relationships.
6. We have an overly developed sense of responsibility, and it is easier for us to be concerned with others rather than ourselves. This enables us not to look closely at our faults and other problems.
7. We get guilt feelings when we stand up for ourselves; instead, we give in to others.
8. We become addicted to excitement.
9. We confuse love with pity and tend to "love" people we can "pity" and "rescue."
10. We have stuffed back our feelings from our traumatic childhood and have lost the ability to feel or express our feelings. It hurts so much (denial).
11. We judge ourselves harshly and have a very low sense of self-esteem. We sometimes compensate for that by trying to appear superior.
12. We are dependent personalities who are terrified of abandonment. We will do anything to hold on to a relationship in order not to experience the pain of abandonment.
13. Alcoholism is a family disease, and we become para-alcoholics. We take on the characteristics of that disease even though we do not pick up the drink.
14. Para-alcoholics are "reactors" rather than actors.

Adult Children of Alcoholics Anonymous. (1986). Children of alcoholics: A review of the literature.

WHAT IS CO-DEPENDENCY?

Co-dependency is a set of maladaptive, compulsive behaviors learned by family members in order to survive in a family which is experiencing great emotional pain and stress. These behaviors are passed on from generation to generation whether alcoholism is present or not. In order words, the original alcoholic or drug dependent person may have been a great-grandfather. No one else for three or four generations may actually become alcoholic but most family members within those three or four generations have learned to use a set of behaviors which help them deal with the emotional pain and stress inherited from the original alcoholic family and which continues to create emotional pain and stress even to the present time. This set of behaviors eventually becomes co-dependency or dependency disorders.

Some of these co-dependency or dependency disorders are: perfectionism, workaholism, procrastination, compulsive overeating, compulsive gambling, compulsive buying, compulsive lying, compulsive talking, and dependent relationships. Other dependency disorders can be dependency on acquiring status, prestige, material possessions, power or control to the extent that one's behavior causes problems in social interactions with family members, co-workers, friends, authority figures, etc. In addition, persons suffering from alcohol and drug-related co-dependency or one of the other dependency disorders often experience themselves being caught up in a kind of treadmill existence so that whether or not goals are achieved, there is still a driven compulsion for more; an anxious feeling of incompleteness or emptiness remains no matter what is accomplished.

Health problems can also exist such as migraine headaches, gastrointestinal disturbances, colitis, ulcers, high blood pressure and many other high stress-related physical illnesses. Emotional problems such as depression, anxiety, insomnia and hyperactivity are evident in many co-dependents.

Co-dependency and other dependency disorders result in:

1. Inability to know what is "normal" behavior.
2. Difficulty in following a project through.
3. Difficulty in knowing how to have fun.
4. Judging self without mercy and having low self-esteem.
5. Difficulty in developing or sustaining meaningful relationships.
6. Over-reacting to change.
7. Constantly seeking approval and affirmation, yet having no sense of self-identity.
8. Feelings of being different.
9. Confusion and sense of inadequacy.
10. Being either super-responsible or super-irresponsible.
11. Lack of self-confidence in making decisions, no sense of power in making choices.

12. Feelings of fear, insecurity, inadequacy, guilt, hurt and shame which are denied.
13. Inability to see alternatives to situations, thus responding very impulsively.
14. Isolation and fear of people, especially authority figures.
15. Fear of anger and criticism.
16. Being addicted to excitement.
17. Dependency upon others and fear of abandonment.
18. Confusion between love and pity.
19. Tendency to look for "victims" to help.
20. Rigidity and need to control.
21. Lies, when it would be just as easy to tell the truth.

It is important to say that not everyone who experiences some of these symptoms is suffering from co-dependency or other dependency disorders. However, if you strongly identify with or are actually experiencing several of these symptoms, you may want to seek professional assistance in evaluating the extent of your problem.

Snell, Kathryn. What is co-dependency? Salina, KS: St. John's Chemical Dependency Treatment Center.

DEPRESSION

Depression is a common mood disturbance, yet it is widely misunderstood. Feelings of sadness, disappointment or loneliness can lead to withdrawal from activities and people, loss of pleasure and enjoyment of life, and physical discomfort (fatigue, poor digestion, aches, pains, sleep disturbances).

Depression affects everyone in different ways at different times. Many people feel down or "blue" now and then; this can be a natural reaction to tension and stress. Folks also have more serious periods of depression, but are still able to meet daily responsibilities. Some, however, become so severely depressed that it is difficult to face daily living problems.

Depression can be treated successfully, however. There are many ways to classify depression; one simple method is by degree of severity.

Mild Depression, "the blues": the most common type of depression. It is usually brief and does not seriously interfere with normal activities. Significant events can trigger "the blues," and treatment is usually not needed. A change of pace or situation is usually enough to brighten a "blue" mood.

Moderate Depression, "feeling hopeless": symptoms are similar to those of mild depression, but more intense and longer lasting. An unhappy event might trigger the depression, and daily activities may become harder with which to cope. Suicide may be a danger, as it might seem like the only "solution" as pain gets worse. Professional help may be necessary.

Severe Depression, "separation from reality": loss of interest in daily life and serious prolonged behavior changes are symptoms of severe depression. Deep inner imbalances are usually the cause; sometimes others disorders, such as schizophrenia, alcoholism or drug addiction may be related to depression. Physical symptoms often become obvious as the person sinks lower in the illness.

When symptoms are severe and lasting, so that pain and problems outweigh pleasure a great deal of the time, it is time to ask for professional help.

Some symptoms of depression are ...

- loss of appetite
- agitation/irritability
- general slowing down
- emotional flatness
- loss of sexual desire
- sleeping disturbances
- chronic fatigue
- digestive upsets, nausea
- inability to concentrate
- poor memory
- neglect of responsibilities
- inability to feel pleasure
- exaggerated self-blame
- loss of self-esteem
- unexplained headaches, backaches

As with most illnesses, treatment is easiest and most effective when it is begun early. Some actions you can take to help your life run smoother are:

- See a physician for a complete checkup and a thorough discussion of symptoms.
- Talk things over with an understanding friend. If there is a specific problem, discuss it with the people involved, if possible.
- Examine your feelings to figure out what might be troubling you and what you can do.
- Take a break for an activity you particularly enjoy.
- Get some exercise to help work off tension, for relaxation, and for better sleeping.
- Avoid extra stress or changes, especially when feeling "blue."

EXCERPT FROM: GUIDELINES FOR MENTAL HEALTH PRACTITIONERS IN DOMESTIC VIOLENCE CASES

Susan Schechter
National Coalition Against Domestic Violence
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In the last ten years, thousands of battered women have come forward, seeking help from the shelters, safe homes networks and hotlines that have opened across the United States. Abused women have found support, finally, yet they represent only a fraction of the two million women who are beaten annually by their partners and seek help from community agencies.

Who are battered women? How can you, the human service provider, recognize them? What interventions will actually serve to assist them and prevent family violence? What can you do to collaborate efforts with others who provide assistance to battered women and their children?

Definition of the Problem: Battering is a pattern of coercive control that one person exercises over another. Abusers[1] use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their partners and get their way. Relationships in which one partner uses assault and coercion can be found among married and unmarried heterosexuals, lesbians, and gay males.

Battering is behavior that physically harms, arouses fear, prevents a woman from doing what she wishes, or forces her to behave in ways she does not want.

The statistics clearly indicate that battering is too common to be considered an emotional illness.

- Two to four million women of all races and classes are beaten annually by their partners.
- More than one million abused women seek medical help for injuries caused by battering each year.

Because so many women are victims of violence, we assume that battering is socially tolerated behavior. Batterers are exercising control over their partners that they and society historically have defined as legitimate. Today the task for the community is to redefine the violence as illegitimate and intolerable, to challenge the abuser's sense of entitlement to service and obedience from his partner, and to provide safety and support for the victim.

COMMON MISCONCEPTIONS ABOUT BATTERING

Many people subscribe to unsubstantiated ideas about violence against women that interfere with their ability to help. We include the following examples that affect mental health practice.

[1]Because the vast majority of abusers are male and their victims are female, we will refer to the abuser as "he" in this text.

- **Misconception 1:** The problem is spouse abuse--couples who assault each other. Ninety-five percent of serious assaults are against women. Although some women are violent to their partners (frequently in self-defense), it is impossible to understand battering by counting up the number of times one person hits another. We also must ask, "who is terrified?" "who is hurt repeatedly?" "who is afraid to speak, go to school, get a job?" Battering is a relationship in which one person coerces, intimidates and dominates another, and women are its principal victims.
- **Misconception 2:** Drugs and alcohol cause the violence. Addictions are used as excuses to free the batterer from responsibility for the behavior, i.e., "the drugs made me do it." This theory does not explain why the batterer uses violence, why he targets a woman for abuse, nor why he batters when sober. The addictive batterer must be treated for two separate problems--his addiction and his violence. He will not necessarily stop battering if he gains control over his addiction.
- **Misconception 3:** Stress causes battering. Obviously some batterers experience stress, but stress does not cause abuse. Many men under severe stress do not batter. Even if the practitioner helps the batterer reduce his stress, the violence will continue or eventually resume because the batterer still feels entitled to assault his partner. The violence must be treated as the problem, not as a symptom that will disappear.
- **Misconception 4:** Battered women are masochistic and provoke the violence. Battered women are not a personality type. Any woman can find herself battered.

  Abused women do not enjoy the beatings nor do most women feel they deserve the assault. Women, however, frequently hear comments from their abusers like, "I did it for your own good," or from outsiders, "You must have really made him mad." These statements can confuse a woman and lead her to take responsibility for the violence or blame herself.

  Sometimes a woman can sense that the tension is escalating in her relationship and that a beating is imminent. As a result, she may start a fight with her batterer to "get it over with," and end the unendurable tension. Or, she may argue with her batterer publicly so that outsiders can witness his cruelty. These behaviors should not be defined as provocation.

  Provocation is a concept that blames the victim and frees the abuser of responsibility for the violence. Women are not responsible for their abusers' behavior; no matter what the women does, the abuser will continue to act violently. By believing that women provoke their batterers, we unwittingly support the abuser and his excuses for the violence.
- **Misconception 5:** Battered women do not seek help nor will they use it once it is offered. Most battered women make many efforts to stop the violence or to seek help from agencies in their community. Often they are greeted with

responses that encourage them to reunite with the abuser or that ignore the abuse. In a recent survey of conservative Protestant clergy, 21% felt that no amount of abuse would ever justify a wife leaving her husband, and 26% agreed with the statement that, "a wife should submit to her husband and trust that God would honor her action by either stopping the abuse or giving her the strength to endure it." A study at Yale-New Haven Hospital found that one out of four battered women leaves the hospital with the diagnosis "neurotic," "hysterical," "hypochondriac," or "a well-known patient with multiple vague complaints." This study traced how the real issue--violence--is hidden and the woman herself labeled the problem. Faced with this hostile community response, many battered women are reluctant to ask for assistance. However, when they are greeted with empathy, battered women are often willing to reach out for help and courageously share their stories.

INDICATORS OF ABUSE

At intake interviews mental health practitioners should routinely ask questions about domestic violence, but any of the following might indicate battering:

- Repeated injuries or injuries that are difficult to account for as accidental.
- Many women are beaten while they are pregnant.
- Visits to health care facilities for vague complaints or acute anxiety with no reported injuries. Psychiatric hospitalizations for anxiety or depression.
- Strokes in young women, often caused by blows to the head or damage to the neck arteries due to strangulation.
- Isolation of the woman: no access to money, the car or other forms of transportation, family or friends, jobs or school.
- Woman's referring frequently to her partner's "anger" or "temper."
- Fears of being harmed or harming partner.
- Terror or reluctance on the part of the woman to speak to those in authority because of reprisals from the abuser. Protecting the assailant from those in authority.
- Reluctance to speak or to disagree in the presence of the abuser because of fear.
- Frequent fleeing from her home.
- Suicide attempts or homicidal assaults.
- The abuser's bullying or verbally abusive public behavior.
- The abuser's snatching of the children.
- The abuser's jealous accusations of sexual infidelity by the woman.
- The assailant's sexual or physical abuse of the children.
- The abuser's attempts or threats to psychiatrically hospitalize the woman and convince you of her insanity.
- Public docility and respectability and private aggression by the batterer.

EMPOWERING INTERVENTIONS WITH BATTERED WOMEN

Interviewing Battered Women: Many women will eagerly talk about the violence if they feel safe and supported. Because few women initially define themselves as battered, the mental health provider should routinely ask questions like those that follow:

- Is anyone in your family hitting you?
- Does your partner ever threaten you?
- Does your partner prevent you from leaving the house, from getting a job or returning to school?
- What happens when your partner doesn't get his way?
- Does your partner threaten to hurt you when you disagree with him?
- Does your partner destroy things that you care about, i.e., your family photographs, your clothes, pets?
- Are you forced to engage in sex that makes you feel uncomfortable?
- Do you have to have intercourse after a fight to "make up"?
- Does your partner watch your every move? Call home ten times a day? Accuse you of having affairs with everyone?

As the provider declares the violence unacceptable and helps the woman name the forms of abuse she has endured, the therapeutic work of empowerment continues. The provider has four tasks in the empowerment process.

1. Validating the women's experiences.
2. Exploring her options and advocating for her safety.
3. Building on her strengths and avoiding victim-blaming.
4. Respecting her right to self-determination.

INTERVENTIONS TO AVOID

The following practices are inappropriate and dangerous for battered women. Mental health providers are urged to avoid them.

COUPLES THERAPY

The provider should not ask the woman to discuss the relationship or the violence in the presence of her assailant.

Couples therapy is an inappropriate intervention that further endangers the woman. It encourages the abuser to blame the victim by examining her "role" in his problem. By seeing the couple together, the therapist erroneously suggests that the partner, too, is responsible for the abuser's behavior. Many women have been beaten brutally following couples counseling sessions in which they disclosed violence or coercion.

The abuser alone must take responsibility for the assaults and understand that family reunification is not his treatment goal; the goal is to stop the violence.

Marriage counseling is indicated only when violence and coercive tactics cease (minimally, many months or years after the abuser begins treatment) and both parties request this form of help.

COURT MEDIATION

Mediation assumes that two equal parties can negotiate in good faith with each other and solve problems. Assailants, however, manipulate, intimidate and bully their partners. They cannot negotiate responsibly, and mediation, therefore, is an inappropriate intervention to recommend. Because of the abuser's coercive tactics, battered women should be encouraged to seek legal assistance before they discuss divorce, child custody, visitation, and other issues with their partners.

PROGRAMS FOR BATTERER WITHOUT SUPPORTS FOR BATTERED WOMEN

Because treatment may cause the assailant's violence to escalate, no programs for batterers should begin until battered women have access to adequate shelter and advocacy.

In the absence of a coordinated response among agencies in the community (shelters, mental health, criminal justice), services for batterers are dangerous. Even with these coordinated efforts, we have no conclusive evidence that indicates that, over time, counseling for batterers is an effective deterrent to violence.

ANGER MANAGEMENT

Groups for Abusers Without other Interventions. Many agencies now offer anger control groups for batterers. These groups frequently fail to confront the underlying problem--the batterer feels entitled to "lose control," to chastise and punish his partner. He feels the right to work himself into a rage when his partner disobeys him, asserts herself, disagrees with his wishes or fails to perform her "wifely duties." Anger management alone is an ill-fated intervention unless it also challenges the batterer's need to control his partner and his right to use violence against her.

STOPPING THE VIOLENCE: THE NECESSITY OF INTERAGENCY COLLABORATION

The more options women have for safety and support, the greater the likelihood that the violence will end and that they can protect themselves and their children. Good mental health practice in family violence cases, therefore, functions to increase women's options through constant collaboration with the following agencies and resources.

Battered women's shelters, safe homes networks, hotlines and legal clinics. These organizations have worked with thousands of women and children, designing safety plans, advocating in court, running support groups, transporting women, and changing unfair welfare, legal and housing practices.

Criminal justice interventions. Mental Health agencies must support the use of courts or other authoritative interventions to place controls on the assailant and to hold him accountable for the violence. Through good advocacy, judges can be persuaded to issue conditions of probation that place severe limitations on the abuser's access to the woman.

Support groups. Experience indicates that many battered women find peer support more helpful than treatment. In support groups battered women find validation, courage, hope, and new ideas. They break their sense of isolation.

A consistent community response is critically important to battered women and their abusers. When community agencies say "no" to the violence, the victim finds support. Even if she remains with her partner, temporarily or permanently, she is no longer revictimized by the community. The batterer, too, hears a new message--the community will no longer silently tolerate and encourage violent behavior, violently assaulting another person has consequences that the community will enforce.

Mental health agencies have a critical role to play as we break the wall of silence and privacy surrounding violence against women. In this effort we are all learning together. We urge you, the human service provider, to call your state battered women's coalition or your local battered women's service to begin a dialogue about the ideas generated in this booklet. The National Coalition Against Domestic Violence is eager to answer your questions and refer you to programs in your community.

FURTHER READING

Dobash, R. Emerson & Dobash, Russell. (1979). Violence against wives: A Case against the patriarchy. New York: The Free Press.

Martin, Del. (1976). Battered Wives. San Francisco, CA: Glide Publications.

NiCarthy, Ginny. (1984). Getting free: A handbook for women in abusive relationships. Seattle, WA: Seal Press.

NiCarthy, Ginny, Merriam, Karen, & Coffman, Sandra. (1986). Talking it out: A guide to groups for abused women. Seattle, WA: Seal Press.

Schechter, Susan. (1982). Women and male violence: The visions and struggles of the battered women's movement. Boston, MA: South End Press.

Szymanski, Sharon (Ed.). (1985). Violence against women: A curriculum for empowerment. New York, NY: Women's Education Institute.

Schechter, Susan. (1987). Guidelines for mental health practitioners in domestic violence cases. Washington, DC: National Coalition Against Domestic Violence.

SECRETS OF STRONG FAMILIES

Members of strong families have the following qualities:

- **Commitment**: They value the unity of the family and are dedicated to each other's welfare and happiness.
- **Appreciation**: They appreciate each other and show that appreciation easily.
- **Communication**: They take the time to talk and listen to each other and have the communication skills to avoid misunderstandings.
- **Time**: They spend quality time with each other.
- **Spiritual Wellness**: They have a sense of a greater good or power in life, and that belief gives them strength and purpose.
- **Coping Ability**: They are adaptable and are able to view stress or crises as opportunities to grow.

Stinnett, Nick & DeFrain, John. (1985). Secrets of strong families. Little Brown: Boston.

Objectives

1. Discuss the rationale for and role of rural human service delivery, specifically with farm and rural families.

2. Explore need for and dynamics of family therapy in the rural context.

3. Discuss normative gender roles in rural areas and conflicts that may arise from a transition in gender roles.

4. Review family communication skills, especially concerning empowerment of rural families.

5. Increase awareness of characteristics and consequences of stress reactions, such as increased used of alcohol, depression, or possible suicidal symptoms.

6. Identify issues surrounding the elderly population in the rural context.

Great Plains Staff Training and Development for Rural Mental Health
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Farm Family History Questions

1. What kind of farming operation do you have? Do you own and/or rent ground? Are you managing additional land?

   _____

   _____

2. Is this an "intergenerational" farm?

   ____ yes _____no How many generations? _____

   Did the farm come from the wife's parents or the husband's parents?

   _____

   Are future generations interested in remaining on the farm?

   ____ yes _____no _____

3. Who is involved in the farming operation? Are there other generations involved?

   _____

   _____

   Does someone live off the farm, yet depend on farm income?

   _____

   Does more than one family live on the farm?

   _____

4. Who does what in the family?

   _____

   _____

   Who works where?

   _____

   _____

   What do you do during the day?

   _____

   _____

   _____

   Are you having to work off the farm to support the farm?

   _____

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Farm Family History Questions - Page 2

How long have you worked off the farm?

_____

5. How are decisions made and who makes the decisions?

_____

For instance, does one family member do the farm work, while another makes the decisions from his or her house in town?

_____

_____

How clearly are areas of responsibility delineated?

_____

_____

6. To whom do you owe money?

_____

_____

Are there problems with your lender(s)?

_____

If so, what are they?

_____

_____

_____

_____

Have you communicated with your lender(s)?

_____

Have you sought legal or financial advice? _____

_____

7. Other information:

_____

_____

_____

_____

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Stages of Conflict in Families

The Trigger Stage: This is a stage when a person first becomes aware that there is a problem.

The Reflex Stage: This emotional response, usually anger, is generally intense but short in duration. However, it can escalate to blaming, threats and even violence.

The Fatigue Stage: Temporary abatement of anger occurs because it is difficult to maintain the intensity. This stage provides an opportunity to redirect the reflex.

The Commitment Stage: Smoldering feelings of discontent can be kept alive by rational thoughts. Behavior during this stage is often highly manipulative.

The Reconsolidation Stage: When the arguing ends, the negotiation can begin. This means that each person involved must enter a problem-solving mode.

The Rapprochement Stage: This stage involves a reciprocity of acknowledged summary and change. All must agree to share both the burden and opportunity of change.

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Stuart, Richard. (1980). Helping couples change. New York: Guilford.

What Helps Communication?

- Taking Time to Communicate.
- The Importance of Sending Clear Messages.
- The Difficult Art of Listening.

A number of factors conspire against good listening:

- We may think we have heard, but the message may be unclear.
- We process the words much more rapidly than we hear them.
- When the other person is talking we are often distracted by thinking what we are going to say next.
- The words we are hearing may elicit such a strong negative emotional response, we start blocking the message.
- We automatically tend to hear things with which we agree, and screen out things we do not want to hear.
- We may be so wrapped up in our own thoughts and problems that we are too preoccupied to really care, hear, or understand the message.

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NIMH Grant #1 T23 MH18846

Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

Observations of Assertive Behavior

Eye Contact

Body Posture

Gestures

Facial expression

Voice tone, inflection

Timing

Content

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Alberti, Robert D., & Emmons, Michael L. (1974). Your perfect right. California: Impact.

Personal Bill of Rights

- I have a right to make mistakes.
- I have a right to be the final judge of my feelings and accept them as legitimate.
- I have a right to my own opinions.
- I have a right to change my mind.
- I have a right to protest unfair treatment or criticism.
- I have a right to interrupt to ask for clarification.
- I have a right to ask for help or emotional support.
- I have a right to ignore the advice of others.
- I have a right to say no.
- I have a right to be alone even if others prefer my company.

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Resnick, Steven. (1988, November). Stress management. Carrier Foundations Letter, #138, p. 3. Belle Mead, NJ.

How Family Members Can Be More Supportive of One Another

- Tell family members when they have done a good job.
- At the same time, get into the habit of being able to accept a compliment with thanks.
- Laughter can help heal hurt and relieve tension.
- Try and be more considerate of other family members.
- Be accepting of the natural rhythm of other family members, and set realistic expectations.
- Do not be afraid to express love and concern.

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Walker, James L., and Walker, Lilly J. (1987). The human harvest: Changing farm stress to family success. Brandon, Manitoba, Canada: Brandon University.

Strengthening Resiliency in Families, Particularly Children

- Children have a lot to offer parents if they are made part of the effort to respond to the problem.
- Inform them about the nature of the challenge facing them, their families and their communities.
- Help these young people look to the future with hope and self confidence.
- Parents need to make their children a part of their lives by sharing their pain, their worries, their hope and courage. They need to listen to children.

Great Plains Staff Training and Development for Rural Mental Health NIMH Grant #1 T23 MH18846

Smith,Charles A. & Hause, Richard. (1986). Heartache in the heartland [Videotape]. Manhattan, KS: Kansas State University.

HUMAN SERVICES IN THE RURAL TRANSITION

MODULE 4

Networks for Rural Services

The purpose of Module 4 is to present information on the identification, development, utilization, and maintenance of networks of persons who provide help in rural communities.

OUTLINE

	Page
• Procedures for Teaching	2
• Objectives and Background Information	3
• The Lowell Family: Part 4	4
• Support networks in the rural context	8
• Networks that characterize rural communities	9
• Human service providers and outreach	11
• Strategies for working with natural helpers	12
• The health of human service providers	14
• Summary and Discussion Questions	16

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Rural Mental Health Project
University of Nebraska-Lincoln

PROCEDURES FOR PRESENTATION

Materials: Flip chart or blackboard, overhead projector and screen, VCR for VHS video or tape player for audio tape. Determine handout material to be reproduced.

1. Introduce yourself and explain the "housekeeping rules": location of restrooms, smoking areas, break times, availability of refreshments, an outline of the day's schedule, and formality of presentation (May questions be asked throughout the presentation ? May people move around freely?).
2. Ask participants to introduce themselves, including their affiliation, so the linking process can begin. An icebreaker activity could be used. (See Introduction.) Registration of the participants is recommended. Distributing attendance lists encourages ongoing communication. Name tags are useful in encouraging familiarity with names if group participation will be used.
3. Present **Objectives** of this module to participants. Graphic No. 4-1 can be used as an overhead transparency or a handout.
4. Present **Background Information** and ask for additional questions or contributions. List additional considerations on a blackboard or flip chart.
5. Explain that the case study is about a rural family and that it will be shown in segments (or in full, if you wish). Ask them to be thinking about how the story affects them and how they might respond to a similar situation. If you are not using the video, the audio tape can be played or the story can be read by "volunteers" from the audience (have two copies available for "Paul" and for "Marjorie"). If you need to explain a segment the participants have not seen, now is the time to do so.
6. Start the fourth segment of the story.
7. Ask for feedback. "What transitions do you hear occurring in the Lowell family?" If people do not volunteer, ask specific people or ask a person before the presentation starts to be the first "volunteer." The important aspect of this part of the discussion is that participants feel a part of the Lowell story.
8. **Discussion Questions** are listed in the text following the case study. You may want to discuss one or more of the questions, some of your own, or those of the participants. You may want to divide a large group into smaller groups (see Introduction).
9. Present remainder of module 4. Appropriate questions are identified throughout the text.
10. Summarize Module 4 and ask for remaining questions or thoughts.
11. Identify the Module 4 **Appendix** articles for further information. Will you make this material available? Do you have handouts of the material today? Will they be given as references? Decide if and how you will make this material available before the presentation.

Graphic #4-1

OBJECTIVES

1. Define support networks in the context of rural human service delivery.
2. Define the continuum of networks that characterize rural communities.
3. Define the roles of professional human service providers and non-professional caregivers in rural communities.
4. Articulate the strategies of working with "natural caregivers" in rural communities.
5. Identify strategies for maintaining positive mental health of workers in rural networks.

BACKGROUND INFORMATION

- Mental health includes an interweaving of social, emotional, and financial aspects of people. The salient stressor may be lack of financial resources, but that stressor ripples throughout other individual and family dynamics.
- It is advantageous to use a systems approach when working with communities in stress. It is not feasible for one human service provider to be the only "agent" in this scenario.
- "Natural caregivers" and paraprofessionals may assist in connecting human service providers with consumers and the community's resources.
- Human service providers can play an active role by focusing on personal and community resources and serving as a link for a variety of community needs.
- People need to feel that they are part of the solution rather than part of the problem. Positive role models (people who have been through a "crisis" and have survived) can be effective as can formal therapy.
- It is important for a networking group to stay committed to their goals if it is to remain effective.

NETWORKS FOR RURAL SERVICES

As Marjorie and Paul's family experienced changes, their awareness of community increased. Remember that Marjorie's co-worker had encouraged her to attend a community support group. Even though Nan and her husband were not farmers, they used to manage their town business. Because of the community's economic changes, Nan had to leave their business and obtain employment in the same establishment as Marjorie.

THE LOWELL FAMILY STORY CONCLUDES

Begin Video
13 Minutes

Marjorie:

The group consisted of 11 people. I was surprised to see my neighbors from down the road there. I didn't know they were having problems, but, then, we hadn't seen them lately. There were more people I did not know. I'll never forget that first meeting. In fact, even though there was a lot of conversation in the hour and a half, there was one thing I remember the group leader telling us: "Whatever you do when you leave here, remember that this whole rural crisis is not your fault." I won't say that this group was an instant answer to my sleepless nights, but I will say that I slept better that night than I had for years!

The group varied in number from 10 to 15 members. The facilitator of the group was someone who had gone through a crisis and was working with a person from the community mental health center. She kept repeating to us that it was our group--she was just there to answer questions that might be asked and to refer us to other agencies that might better answer questions she couldn't answer. In fact, the first three months, most of our questions were financial in nature, and she called in a banker, an FmHA person, and a financial manager to help us. (I thought that was pretty brave of the banker and the FmHA person to come--they've taken a lot of flak the past few years.) Would you believe the banker kept coming back to the group? He said he was feeling so much stress from having to " do his job" and call in loans that he needed a support group! The group slowly welcomed him. It's difficult when before most of the members and he had been enemies. I guess when it all boils down to "pain," it doesn't matter what the specific pain is--people just reach out to others, especially when the survival of their community is at stake.

I think some of us were concerned about the group being some sort of "therapy" group where we would have to talk about "feelings" and that was scary! Surprisingly enough, six months down the road, the group talked about their feelings and about family feelings, and Paul and I were no exception. Funny how we have misguided ideas about mental health. But, then, mental health folks have some misguided ideas about us, as well! We don't like to go to mental health offices, but who does, especially when most of our problems were financial or legal? We weren't "sick"---just scared, angry,

confused, and stressed out! It's hard for us to go because it's such a visible thing and "everyone knows" in a small town. Once we understood that mental health people don't always have to do "therapy," it didn't seem as frightening. It helped to have the mental health person available to our group.

Paul:

I did find out the group wasn't a bitch session. People talked about positive change, and that was good. Marj seemed more like her old self in this setting also. I felt we should keep attending. I think it made me feel good to see my wife in a positive light, too. I could see her learning, as I was, that it wasn't just me who had screwed things up. It helped us realize that some of our problems were a lot more normal than we thought. It was a relaxed group, and that made it more comfortable for us.

Marjorie:

By the time we had been in the support group almost a year, it had grown to 20 members. Throughout that year, we covered such topics as I mentioned, and then we slowly began to drift toward the social and emotional sides of our lives--how this situation had affected us, our families, and our communities and how we hoped to survive. Some group members had to say verbally they reduced or lost their businesses before they were able to move on through their grief process. It seemed that being able to do that alleviated some anger and resentment and they could begin to move on. We decided we needed to share this information and support with other members of the community. We wouldn't go directly to a person and say, "You look a little sad--are you losing the shirt off your back?" but we would form a "Rural Community Support Team." The Team would help the group facilitator offer a training opportunity and learn helping skills. She said we were already "natural helpers" anyway, since we obviously had interest in the people in our community, and it shouldn't be too difficult to widen that network of natural helpers.

We learned things like listening skills, (not counseling--we knew we didn't want to do that, and many people didn't need counseling), legal and financial information, crisis responses, signs of depression and suicide (in case we needed to refer a person fast!). But mostly we just learned how to open ourselves to helping others with information. We had the hard facts in front of us--agencies to refer people like food pantries, financial information, hotline numbers, attorneys that might be of help, folks who knew specific farm bill laws and could interpret them for us, etc.

It has been three years since we first went to the group, and we haven't missed many. We branched into discussions of family reactions with our children, our parents, and their parents, since our farm is a four-generational farm. We talked about ways of communicating with our family and with our community, and we explored avenues of options for our lives.

Paul:

After attending support group for the past few years, we've seen a lot of change in the community. A lot more people are aware of each other. But we still miss things. Like our neighbor, Hank, who committed suicide. I remember when the thought crossed my mind to do that. Sometimes I wonder why he did and I didn't. Now we can only try to help his widow. Support group helps but it isn't the end-all, and we are all still pretty vulnerable. Almost any little problem could leave us back where we started.

Things still look pretty bleak for the farm. Every direction I look it seems like a lot of work with poor odds of it working out in the end. There is still so little room for any adversity. I know I keep thinking, "Somebody should do something about all this". But, what's to do? The Chapter 12 Bankruptcy has been added, but that won't help us now. We're still locked into this, wherever it goes.

Marjorie:

Paul and I want to stay in the farming business; we are dedicated to doing that, but if the worst comes, we are more prepared to accept that consequence. That doesn't mean that we like it, however! We've accepted that we have to work in town for the duration. Our family has begun to pitch in and help and work, again, as a family. When the communication started happening, things began to improve. The children were so relieved that one of us wasn't going to die; it was amazing all the things they had imagined because Paul and I hadn't told them anything. Things aren't absolutely rosy, but they're a lot different than they were five years ago. We still struggle with loan payments and worry about the "usual risks," the weather, and this year's drought, the price of cattle and grain, that change from day to day. I feel stronger as a person and as part of our family from what we've learned and the knowledge that we are not alone in our struggles.

We've been able to restructure our debt payment so that it doesn't look impossible; we'll make do with the equipment we have for awhile and hope that when breakdowns occur, we will be able to handle repairs. At this point, we can't say we will be in business five years from now, but at least we feel we have some control over the situation.

There are bad times. Hank, our neighbor to the west of us, committed suicide about four months ago. He managed to survive the really tough years and apparently couldn't hold on any longer. When it wasn't "okay" to yell for help, since, supposedly the crisis is over, Hank didn't. Paul and I have relived that time again and again--wondering how we could have spotted Hank's pain and helped.

Our entire community was rocked by his death. At that time, the Rural Community Support Team proved its' worth in salt! We held special meetings and had a speaker come in and talk to us about sudden tragedies and the effect on a community. He reminded us of the grief process and how we needed to help each other get through this time, and he gave us some insight into being a comfort to Hank's widow, Joanne.

The best part is how our community has grown, as a whole. Most of us realize we all have something in common and that it is our desire to stay in our small community,

to have quality education for our children, and have a quality life, in general. The school has become the focal point of the community--there's always something going on there. If it's not the kids, it's some adult activity, like basketball games (remember the old town teams we used to have?) or a class. We talked some instructors from the high school into teaching a computer class and a health class, and Paul and I signed up (only $3 fee).

As I said, our life is not a bed of roses...but we think we see more options than we did three years ago. More importantly, I think the community is ready for the continued challenge to survive!

The most important aspect to keep in mind is the need to reach out if you are aware of people suffering. If you cannot be of help, you may know someone who can, so it helps just to know appropriate resources.

DISCUSSION:

1. **Do you hear the transitions occurring in the Lowell family? If so, what are they? Do you have a feeling that this family will survive? Why or why not?**
2. **How was the support group helpful to Marjorie and Paul? (Note: For starters, it offered a safe place to share common pain and feelings; it offered opportunities to learn; it offered support for each other.)**
3. **Do you have a "network system" in your community? A support team? Would it be helpful to start one? (Note: Mention that before this discussion is completed, participants will have a greater understanding of network systems and how they can be started.)**

The story of the Lowell family illustrates the importance of both formal and informal networks in a rural community. Various persons in the community were able to offer specific skills that were helpful to them at the appropriate time. Also, at least one person was able to assist them in making connections to useful resources. The material in this module consists of information on the identification, development, utilization, and maintenance of networks of persons who provide help in rural communities.

SUPPORT NETWORKS IN THE RURAL CONTEXT

A network is a coordinated "net," or set of relationships between diverse people and agencies that share a common purpose. In the rural context, networks bring together needs and problems, on one hand, and people, ideas, agencies and resources on the other.

Sarason (1977, p. 39) identifies an important characteristic of networks. "Networks exist; they are not created." This is particularly important for rural communities since it involves the recognition of existing relationships rather than attempting to create new ones. A simple example of a network is found in the planning a family picnic. A need is identified, usually by a key person (Grandma Kelley) who spontaneously makes it known to significant others (sons, daughters, and grandchildren). As leadership emerges (Aunt Helen), products are identified (the selection of a place, identification of needed food--so the lunch won't consist of 30 gallons of potato salad and no chicken!). Specific duties are delegated to those who have appropriate skills and resources (Uncle John with a pickup truck, Aunt Karen and others who prepare food that is popular in the family), and a common goal is reached.

The process of using a helping network is similar. People with specific needs are matched with other persons who have resources for assistance. Historically, farmers and other rural residents have spontaneously used networks for barn raising, calving, harvesting, and other large scale tasks that are common to all. Both those who help and those who receive the help are strengthened by the process.

Helping networks have the following characteristics:

Graphic #4-2

1. They provide a coordinated effort which increases the effectiveness of available resources.
2. They serve as a system of communication about current issues of importance.
3. They provide leadership and decision-making opportunities for all the participants.
4. They provide psychological and social support for individuals involved in the network.
5. They provide a basis for the allocation of services in the rural context.

(Adapted from Utley, 1988)

These networks involve the recognition of existing social structures that enhance the quality of life in rural communities. They are capable of embracing a wide range of needy persons and families, but the extent of the networks and their inclusiveness varies among communities.

NETWORKS THAT CHARACTERIZE RURAL COMMUNITIES

Networks that provide social and psychological assistance to persons in communities may be formal or informal. Formal networks consist of those persons or agencies who have official sanction from the community to provide care. Physicians, clergy, mental health professionals, social service professionals, and other individuals who provide services are given responsibility for care by the community. Hospitals, churches, mental health centers, social service departments, senior citizens' centers, and schools are formal agencies that are charged with help-giving responsibilities. The relationships among these individuals and these agencies constitute the formal networks that exist in rural communities.

Informal networks consist of people who have assumed positions of caregiving by their social roles, personal attributes, or life circumstances. Persons who make up informal helping networks may provide direct assistance, advice about a course of action, or referral to another resource. They also provide support and encouragement to persons seeking help and serve as a channel of communication for matters of community concern.

An example of an informal network is a group of farmers who meet for coffee each morning at a local café. They share their worries about the weather as well as listen to each other's personal concerns. Another example of an informal network is the group of mental health professionals from several communities who meet together periodically to share their experiences and provide mutual support.

Informal caregivers in rural communities may include any person who reaches beyond his or her occupational or professional responsibilities to provide assistance to persons in need. Examples include the pastor who attends school functions even though he or she has no children in the school. Other examples include the teacher/counselor who has coffee before school at a local café to talk with persons in the community and the banker who goes to the post office at peak times in order to talk with people in a context apart from the bank.

In rural communities, informal and formal networks are not necessarily exclusive of each other. A mental health professional may participate in a formal network by providing mental health care to families in the community while simultaneously coaching a youth baseball team. Both positions place the individual in a helping relationship to other persons. One is within the formal system of care with designated authority. The other is within an informal recreational program.

Regardless of whether the networks are formal, informal, or overlapping, certain identifiable roles emerge. These roles consist of:

Graphic #4-3

1. **Initiator** - contributes or proposes new ideas regarding goals, directions, problems, and tasks. The initiator is the mover.
2. **Opposer** - challenges the actions of the initiator.

3. **Follower** - passively agrees with the action taken.
4. **Bystander** - witnesses the actions of the others but acknowledges neither agreement or disagreement.

(Blundall & Herzberg, 1988)

It is important that members of the community as well as facilitators are aware of the roles played by various individuals. Knowledge of the identity of the initiators or movers, opposers, followers, and bystanders is crucial. The person who is knowledgeable about the roles that specific individuals play in a small community is much more likely to work effectively within the networks.

GROUP ACTIVITY: THE HUMAN KNOT

Objective: to experience teamwork, individual and group commitment, and the value of communication among members of a group.

Materials: Blackboard and chalk or flip chart and marker.

Time: 30 minutes.

Participants: Unlimited.

Activity: Before beginning this exercise, ask your group: "What are some of the things a group can do in order to have good teamwork? What are some things that I can offer in a group to better its teamwork? You may choose to write some of the answers on the board or flip chart so participants can refer to them later.

Clear an area of the room and instruct participants to stand, shoulder to shoulder, in a circle. Have them reach out and clasp each other's hands, making sure that they clasp a different person's hand in each of their hands. They should not have the hand of the person beside them. Once all hands are clasped, instruct participants to slowly untie the knot without breaking anyone's clasp. Any movement, including stepping over or crawling under, is allowed as long as no hand clasp is broken.

The result can be varied: a circle, to two separate circles, a circle with a knot, or two interlocking circles.

Summary: This exercise may trigger a helpful discussion of team effort, group and individual commitment, group and individual communication, leadership and the dynamics of group problem-solving:

(Charlotte Drug Education, 1986[1]).

DISCUSSION:

4. **Describe the experience of being and untying the "human knot."**
5. **What kind of leadership emerged during the exercise? How helpful was this leadership? Did you have an initiator? Opposer? Bystander?**

[1]Reprinted with permission from: Ombudsman: A classroom community. (1986) by the Drug Education Center, 500 E. Morehead St., Suite 100, Charlotte, NC, 28202. (704) 375-3784.

6. **What did you do to contribute to the teamwork within the group? What group role did you play?**
7. **Did the exercise trigger any frustration in you? How did you deal with that frustration? What are some ways of dealing with frustration? How can a group help an individual deal with frustration?**
8. **How do you feel about this exercise? What about this exercise was important to you? What have you learned about yourself as a member of a group?**
9. **In this exercise, you were physically close to each other. How close did you feel otherwise? How did the physical closeness help or hinder your teamwork?**

HUMAN SERVICE PROVIDERS AND OUTREACH

The organization of networks is one form of reaching out to help others. We refer to this process as "outreach," and outreach is based on two simple principles:

1. People who are affected by the problem must create and implement the solution (empowerment).
2. Programs must nurture independence and interdependence, rather than dependence.

(Farmers' Outreach).

In the outreach process, as in the network system, there are formal and informal community support workers. The formal workers are those mentioned who have official sanction from the community to provide care. The informal workers, the folks who have assumed positions of caregiving by their social roles, personal attributes, or life circumstances, can be defined in many ways. The ones appropriate for our purposes are:

> **Natural helpers:** indigenous people to whom others turn with their problems; recognized for their abilities long before a professional person enters the system; tend to have positive qualities that should not drastically change over time.
>
> **Paraprofessionals:** community members given training for specific roles, in which they will be supervised by professionals; for example, sexual assault awareness programs, aftercare programs, youth-oriented programs, suicide/crisis programs, and ministerial counseling programs
>
> (Adapted from Heyman, 1982).

In a conference presentation, Mr. Saul Cooper talked about rural community's natural helping systems and how they started. He said that before there was a community mental health system, communities had their own natural helpers. These folks were the people to whom others went for advice. They were people who listened to others, sometimes giving advice. But mostly they listened. They might have been the

grocery clerk, the garage mechanic, the mail carrier, or the local bartender, but they were recognized as people who were safe and could be trusted. When the community mental health system came into effect in 1963, they said, "Okay, we're here now; just refer those folks who need help to us, and we'll take care of them!" Well, of course, that did not always happen, but the natural helping network became less visible in communities--even though it continued to operate (Cooper,1988).

When the rural crisis accelerated, natural helpers came to the forefront again and support groups were started, many times in someone's kitchen or the local café but usually not in as organized a fashion as Marjorie described. Of course, it is not known how long the support group had been an informal group before they made it a formal working group.

In some states hotlines were developed, and field staff volunteers and paid workers came on the scene. These people were willing to respond to the crises that rural families and communities were experiencing. Many innovative programs developed from these "grass roots groups" and some are still in effect. Now that the economic outlook is being portrayed more optimistically, these groups are having difficulties maintaining funding and justifying their existence.

DISCUSSION:

10. **What can be done to promote community outreach? How can informal and formal groups join for common goals in your community?**

STRATEGIES FOR WORKING WITH NATURAL HELPERS

(Adapted from Bergstrom, 1982)

Froland and associates identified five agency strategies for working with natural helpers, and the types of relationships most often found between agencies and helpers for each strategy (adapted from Froland, Pancoast, Chapman, & Kimboko, cited in Bergstrom, 1982).

Graphic #4-4

1. **Personal Network** is a means for agency staff to provide consultation and assistance to individual clients' support systems. It is a collegial relationship in which professional staff and informal helpers become part of a single interdependent helping system. For example, in a rural community, an individual receiving social services may also have supportive friends and family. Those friends and family members would be included in the social service department's efforts to help the individual receiving services. Planning would be a joint effort of the personal network, including the client, to assure that services were being received and to prevent duplication of services offered.
2. **Volunteer Linking** matches lay helpers with clients who have few existing resources. Volunteer linking is the most directive relationship with helpers in

which professionals have responsibility for and authority over informal helpers in a supervisory role. Volunteers do not necessarily have an existing relationship with the client. The professional would serve as supervisor of the client's volunteer, assigning specific responsibilities and determining that these responsibilities were carried for the best interests of the client.

3. **Mutual Aid Networks** develop links between individuals who share common problems to allow them to share ideas and resources and to decrease isolation. The relationship between professionals and existing networks is collegial, while that between professionals and created networks can be either directed or coordinated. These networks consist of independently functioning helpers who are responsible for their own decisions and actions and function with little or no supervision from professionals. The Community Task Force in the Lowell case study represents a group similar in nature.
4. In **Neighborhood Helper Strategy** central figures are identified who fill key helping roles. These agencies develop a consultive (collegial or coordinative) relationship with these key helpers to support their ongoing activities and to decrease the need for use of professionals in direct services. In rural communities these might be friends or family members, much as in the personal network strategy, but are preferably folks who live near the client and are easily accessible.
5. **Community Empowerment Strategy** is the process of professional staff developing ties among key informal leaders and opinion makers in a community. The goal is improvement of community services and attempting to meet individuals' needs with existing resources. An example of the community empowerment strategy would be a group working toward a goal of increasing the informal use of the school facility, as portrayed in the story of Marjorie and Paul.

There are six reasons that natural helpers are important in rural areas:

Graphic #4-5

1. Shortage of professionals in rural areas. There is a lack of trained mental health professionals, coupled with a lack of funds to hire them.
2. Low population density. In many cases, neither the professional nor the client can afford to travel to each other except for serious problems.
3. Cultural barriers. Rural resistance to outside help, professional help in general, and mental health services in particular can be eased through natural systems.
4. Efficient use of existing support systems. Most individuals have a number of people to whom they can turn for help, and it is important to support and enhance these existing resources.
5. Beneficial effects of social support systems. In addition to the evidence that people seek out social support when distressed, evidence suggests that social support has beneficial effects on physical and mental health.

6. The advantage of community involvement. Most communities prefer to take care of their own, and they want as little government interference in their affairs as possible. Since the local caregiver is a member of the community, he or she knows the people and is more likely to be seen as an ally, and professionals can more easily gain acceptance in a rural community by working through them.

Roles of natural helpers vary. Some assist in gaining the trust and acceptance of key community leaders to enhance the image of mental health center programs; others play primary roles in planning, organizing, and promoting community education programs, including establishing important liaisons with key persons and community groups. At an individual level, some helpers provide outreach to persons known to be at risk for emotional disturbance (e.g., recent loss of a family member), give social support and domestic assistance to elderly shut-ins, and provide support to troubled teens who could not or would not confide in parents, clergy, or teachers.

Appropriate on-the-job training for natural helpers is important to success. Gottlieb and Libertoff (cited in Bergstrom, 1982) expressed concern that putting natural helpers into a "professional" mold may alter their already effective caregiving, affect client perceptions, and disrupt their "natural" relationship. (The helper is now "establishment" rather than "ordinary.")

DISCUSSION:

11. **As a human service provider, what are you willing to share with other levels or systems of caregivers? Information? Specific job responsibilities?**
12. **What is your role in terms of relaying knowledge to other caregivers? What obstacles exist for you in the role of "supervisor"? If there are obstacles, how can they be lessened?**
13. **Trade roles between a natural caregiver and a mental health professional. How do you feel toward the other person? Do you see possibilities of sharing responsibilities? What do you see interfering with that process? If there is interference, how can it be overcome?**

THE HEALTH OF HUMAN SERVICE PROVIDERS

While the networking system sounds like an ideal arrangement, there are some aspects of helping that one might consider. Frequently, human service providers do not follow their own advice. They do not do what is necessary to reduce stress, relax, enjoy other people, or engage in healthy communication. Perhaps the demand is so great at peak times of crises, they think they can "muster" through, just as the Lowell family thought. So, what are some ways human service providers can take care of themselves?

Graphic #4-6

1. **Groups are very useful.** There are several kinds (support, therapy, social groups), but sometimes it is important to develop friendships out of the regular "circle" of groups. Many groups find that their common concern is a bonding element, but other interests may be needed to balance the focus of the caregiver.
2. **Take care of yourself.** Some people need to be around other people and get energy from crowds. Others seek a balance of group time and time alone. Still others need occasional solitude in order to function. It is important to recognize what you need and do what you have to do to take care of yourself.
3. **Follow the basic rules of stress reduction.** Some of these are: good nutrition, regular exercise, adequate sleep, and energizing breaks.
4. **Educate yourself to the symptoms and risks** associated with your particular human service position. Become familiar with your own warning signs of feeling overwhelmed and discouraged.
5. **Learn the importance of having a mentor or supervisor** with whom you can discuss your concerns, feelings, and values. Human service providers can respond in various ways, and the provider's personal experiences and value systems are conditions which affect their response.
6. **Establish clear priorities for your time.** Practice assertive communication, learn to decline and not feel guilty, and recognize that some activities may just have to get along without your expertise.
7. **Become familiar with your strengths and weaknesses.** As a human service provider, it is important to know when to refer a person to another source. Particularly in networking efforts, one person's weakness may be your strength, thus all the more reason to coordinate efforts.
8. **Establish contact with a person who can help your endeavors.** For example, a person who has a link to state level personnel or university personnel can help your needs be heard.
9. **Increase your knowledge of problem-solving skills.** Basic steps of problem solving are:
    a. Explore/understand/define the problem.
    b. Brainstorm alternatives.
    c. Evaluate the alternatives.
    d. Decide the best alternative.
    e. Implement the alternative.

    At the same time, learn to be flexible in your approach and feel comfortable with the knowledge that sometimes, one has to go on "gut" feel rather than sheer logic. Take into account emotional components as well as "logical" components.
10. **Become familiar with "optimism" and "humor."** Use optimistic approaches with regard to your own abilities and with those around you.

DISCUSSION:

14. **Compare ways of taking care of yourself. Encourage the group participants to offer their strategies for maintaining their mental and physical health.**
15. **As a human service provider, is it important for you to "join the community"? Is it more important to distance yourself and your professional role from the community? Why or why not? What are some positive and negative consequences of each choice?**

SUMMARY

No one can force a human service provider to "join the community," but that is one of the most effective ways of opening one's self to outreach. As mentioned, it takes an honest and insightful attempt to examine your values as far as outreach actions. The content of this section has been presented to give you "food for thought."

When one human service provider acts as a facilitator to ten natural caregivers, the natural caregivers, in turn, can influence their natural systems toward increasing the scope of service and the number of people served. One professional may influence hundreds of community members even to some degree.

Instead of waiting lists in rural mental health centers and the pervasive stigma that has plagued services since community mental health centers' inception, outreach efforts may challenge those problems. One community mental health center provided informative programs to their waiting list members, explaining the mental health system, the therapeutic process, healthy approaches to dealing with stress, etc.

One last word of caution, however. Be certain to evaluate yourself and your community before embarking on any outreach effort. Ask your community what they need! A group of community leaders will probably be very aware of the needs of their community. In a sense, that starts the ownership process that is so paramount in a community group.

Included in Module 4 Appendix are articles about:

What is a Support Group? explains support groups and how it can be helpful.

Some Things to Avoid in a Support Group: support group dynamics advisable for the group leader to avoid, if possible.

Inspiring Community Action: an article explaining 13 steps of enlisting and inspiring community support to problem solve.

Organizing Community Support Groups: an explanation of support groups, why support groups are important, how they are initiated, and maintenance of a support group.

Encourage a Friend to Seek Professional Help and How to Refer a Person for Help offer two views on the process involved when it is important to seek additional help for others.

DISCUSSION QUESTIONS

1. Do you hear the transitions occurring in the Lowell family? If so, what are they? Do you have a feeling that this family will survive? Why or why not?
2. How was the support group helpful to Marjorie and Paul? (Note: It offered a safe place to share common pain and feelings; it offered opportunities to learn; it offered support for each other.)
3. Do you have a "network system" in your community? A support team? Would it be helpful to start one? (Note: Mention that before this discussion is completed, participants will have a greater understanding of network systems and how they can be started.)
4. Describe the experience of being and untying the "human knot."
5. What kind of leadership emerged during the exercise? How helpful was this leadership to the task at hand? Did you have an initiator? Opposer? Bystander?
6. What did you do to contribute to the teamwork within the group? What group role did you play?
7. Did the exercise trigger any frustration in you? How did you deal with that frustration? What are some ways of dealing with frustration? How can a group help an individual deal with frustration?
8. How do you feel about this exercise? What about this exercise was important to you? What have you learned about yourself as a member of a group?
9. In this exercise, you were physically close to each other. How close did you feel otherwise? How did the physical closeness help or hinder your teamwork?
10. What can be done to promote community outreach? How can informal and formal groups join for common goals in your community?
11. As a human service provider, what are you willing to share with other levels or systems of caregivers? Information? Specific job responsibilities?
12. What is your role in terms of relaying knowledge to other caregivers? What obstacles exist for you in the role of "supervisor"? If there are obstacles, how can they be lessened?
13. Trade roles between a natural caregiver and a mental health professional. How do you feel toward the other person? Do you see possibilities of sharing responsibilities? What do you see interfering with that process? If there is interference, how can it be overcome?
14. Compare ways of taking care of yourself. Encourage the group participants to offer their strategies for maintaining their mental and physical health.
15. As a human service provider, is it important for you to "join the community"? Is it more important to distance yourself and your professional role from the community? Why or why not? What are some positive and negative consequences of each choice?

REFERENCES

Bergstrom, D.A. (1982). Collaborating with natural helpers for delivery of rural mental health services. Journal of Rural Community Psychology, 3, 5-26.

Blundall, Joan & Herzberg, Kim. (1988). Children growing up in changing times: The role of the school in community. Spencer, IA: Northwest Iowa Mental Health.

Charlotte Drug Education Center. (1986). Ombudsman: A classroom community. Charlotte, NC: Author.

Cooper, Saul. (1988, June). Presentation at Department of Public Institutions Conference, Managing the Workforce. Lincoln, NE.

Farmer's Outreach. [Brochure] (available from Farmer's Outreach, 715 Third St., Clinton, IA, 52732.)

Heyman, Steven. (1982). Capitalizing on unique assets of rural areas for community intervention. Journal of rural community psychology, 3,(1), 35-48.

Sarason, Seymour. (1977). Human services and resource networks. San Francisco: Jossey-Bass.

Utley, Mike. (1988, Spring). Why networking? No More Victims. (Available from Child Guidance Center, 215 Centennial Mall South, Lincoln, NE, 68508.)

WHAT IS A SUPPORT GROUP?

A support group is two or more people who share common problems and try to help each other in a variety of ways when they come together. The first support group was formed with Urg, the caveman, dropped a rock on his foot, said "Ouch!" and his friend Gug said, "That's too bad," (or the caveman equivalent).

Civilization has come a long way since then and not all of its progress has been for the better. Many of us have been taught not to show our feelings, especially when the hurts are caused by emotions and not rocks.

We have also been taught that since we do not deal with our own emotions, then we do not dare deal with other peoples' emotions. That has been declared "off limits," a shadowy land of dark mystery.

Actually, there is nothing very mysterious about a support group. It is just common neighborliness in action. However, it may be necessary to learn some skills which will make the group more effective in supporting each other. Here are some skills that will help a group be more than just a gripe group or a social gathering.

Learning how to Communicate:

- Understanding of other peoples' feelings
- Respect for all members of the group
- Hope that things will change
- Disclosure of your own feelings
- Day-to-day events which develop friendship
- The attitude that the door is open for the expression of feelings

Learning Group Skills which will help Members realize that:

- Taking the risk of revealing feelings is acceptable
- Ventilation of feelings can change the way we think and act about our situation
- Individuals will be helped by setting goals and allowing the group to check on progress toward meeting these goals
- Feelings are normal and do not indicate "craziness"
- Strengths are present in each individual and that they can be used to build self-confidence

Almost any person who is willing to change a little can learn these skills. When people come together expecting help from each other and expecting change, then a support group exists. Each person must realize that he or she is ultimately responsible for dealing with their own condition. The support group can be a powerful tool in that work.

Mccall, Jack. (1985). What is a support Group? Cooperative Extension publication. Chillicothe, MO: University of MO.

SOME THINGS TO AVOID IN A SUPPORT GROUP

1. Blaming. This includes bankers, politicians, the weather, or anything else. Blaming is an easy rut to get in but it leads only to negativism. Try to steer clear of this.
2. The Hierarchy of Misery. You know the one that goes "no matter how bad off we are there's always someone worse off." Building our sense of well-being on another's misfortune is false comfort. It will not really help us solve our own problems.
3. Sharing of Misery. As group leader, do not dwell on your own misfortune. You are there to help. Spare the group. They have their own problems and do not need to share your burdens.
4. Silence Anxiety. Do not worry if there are periods when no one talks. These can be very creative. Some people participate in silence.
5. Telling the Group How to Feel. Everyone responds differently to stress. Not everyone gets depressed or sleepless. Some people seem to thrive on stress. Give people permission to feel, not directions on feelings.

Support groups will take different directions according to the needs and responses of the people in them. Do not worry if it seems to just wander along. The main thing is for people to feel good about being there. That's the best evaluation you can have, "It feels good."

Mccall, Jack. (1985). How to start a support group. Cooperative Extension publication. Chillicothe, MO: University of MO.

INSPIRING COMMUNITY ACTION: A BASIC SMALL TOWN, DO-IT-YOURSELF APPROACH

Randolph T. Hester, Jr.

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Step 1: Identify the Problem or Opportunity Concisely.

- Identify the problem or opportunity clearly.
- Look for causes, not symptoms. Specify the causes.
- Focus on the problems that most affect people.

Step 2: Get the Support of a Few Active Community People.

- Check the facts of the situation with active community people.
- If their concern converges with yours, ask for their help.
- Realistically appraise possible support and non-support, and expect the worst. Remember that you may be proposing change.

Step 3: Check the Facts with the Experts.

- Remember that nothing can dampen your argument faster than a few minor errors in your facts.
- Ask the active people to check the facts with experts they might know.
- Find an expert who is sympathetic to your position.

Step 4: Get the Facts to the Community.

- Give each of the original few active community people a task.
- Each person should contact other key people and organizations in the community.
- Write down basic facts and duplicate them so that everyone will tell people the same thing.
- If necessary, go door to door and talk to people.
- Use a newsletter or flier, if possible, to advertise the facts.
- Organize your distribution routes. When you are ready, contact the local newspapers, radio stations, and television news departments with your story.
- Be positive that the facts are straight and be sure you are ready.
- The more public you go, the better thought out your issue must be.

Step 5: Get the Community Behind Your Stand.

- Find a suitable place to meet. Make arrangements well ahead of time.
- Conduct the meeting at a place that has two different sized rooms. One should seat a large number, and the other should seat a smaller number. That way, if you do not know how large a group to expect, start with the smaller room and move to the larger one.
- Expect the first meeting to be nondirectional.

Step 6: Get Something Done During the First Community Meeting--Assigning Task Groups.

- Select informal interim leaders.
- Set one primary objective that has widespread support.
- Set out a preliminary plan to achieve the objective.
- Appoint task groups to accomplish the plan to action.
- Vote on a motion (even a simple resolution gives people a sense of accomplishment and a clarity of purpose).
- Survey the people in attendance about their goals for the town or for the specific project being discussed. This helps determine long- and short-term problems.

Step 7: Be Sure the Task Groups Achieve Their Tasks.

Step 8: Plan a Strategy for Action with a Core Group.

- Develop a core group from existing organizations or from the leadership of the task groups.
- Keep in mind that a strategy is the exercise of power.
- Determine the nature of your power. Is it money, knowledge or, perhaps, numbers?
- Realistically appraise your sources of power.

Step 9: Make the Final Strategy Decision in an Open Meeting.

Step 10: Take Action!

- Be sure you know exactly what you want to do and then do it. Be direct and do not get sidetracked.
- Show force. This is where public support is vital.
- Be sure your effort is well coordinated and that you present a unified front.
- Continue to meet with the core group to make changes in strategy.
- Keep your supporting public informed.

Step 11: Follow up, Follow up...Until the Desired Outcome is Achieved.

- Be persistent.
- Even after a change has been made, keep a watchful eye to be sure it is not undone.
- Do not be intimidated by city, state, or outside developer experts. You know better than they what you want for your community.

Step 12: Advertise Success.

- Use the media.
- Communicate with potential supports. Now is the time to broaden your base of support.

Step 13: Undertake Other Projects.

- Evaluate the success of the previous project so you will not make the same mistakes again.
- If you are interested in other community improvements, now is the time to start them because you have people's attention.
- Keep the community informed. Try to produce a newsletter periodically to keep the town informed about the activities of the task groups.

Hester, Randolph, Jr. (1988, July-August) Inspiring community action: A basic small town, do-it yourself approach. Small town, 19, (1). Used with permission from Small Town.

ORGANIZING COMMUNITY SUPPORT GROUPS

by Roger T. Williams, Ph.D.

No person is an island. All (or at least most) of us need the support, the encouragement, the help, the nurturing, the prodding, and the consolation of others. This is an age-old truth, which in earlier times was best exemplified by barn raisings, threshing bees, quilting bees, chautauquas, and other community gatherings. Our pioneer ancestors were a proud and independent lot, but they also understood the concepts of interdependence and mutual support.

While the days of barn raisings, threshing bees, and quilting bees are pretty much behind us, the ideas of "self-help" and "mutual support" are not. People still come together to offer physical and emotional support to each other. In fact, the self-help/mutual support ideology has burgeoned in the last 15 to 25 years. Typically, it has taken the form of groups that meet on a regular basis to provide support and encouragement to persons who are experiencing similar problems or life transitions. There are now over 400 distinct kinds of self-help/mutual support groups serving well over 15 million persons in the United States and Canada.

THE IMPORTANCE OF COMMUNITY SUPPORT GROUPS

Why have "community support groups" become so important? There are a number of reasons. First, they provide a response to major changes in family and community life in our society. While the extended family and face-to-face interactions within the community are becoming mere and more scarce, people still have needs for support, intimacy, and continuity in personal relationships. Thus, community support groups have taken over some of the functions of "kith and kin," that network of family, friends, and neighbors which was so important in earlier days.

Second, we're coming to recognize the limits of professionalism and technology. Medical staff and technologies may be able to extend the length of our lives, but what they usually can't offer is the personal touch of those who care deeply about us. Psychologists and psychiatrists can offer their specialized expertise, but what may be needed most is a friend who has experienced the same problem we have and who is simply willing to listen and share personal experiences. Support groups--often in direct contrast with professionals--understand the importance of caring.

The third reason is cost. A technological world with a high degree of professionalism and specialization is an expensive world. As just one example, health care costs now consume 13 percent of the GNP for our country. Many people are beginning to recognize that community support groups provide a low cost adjunct or alternative to highly specialized professional service. There is usually very little in terms of financial cost. The major cost is a commitment of time and effort to make the self-help/mutual support concept work.

And fourth, we're becoming reawakened to the idea of "enlightened self-interest": the notion that if I do something for you today, I can ask you to help out sometime in the future. This idea was very much a part of the frontier tradition and has also been

very much a part of life in rural America. But as we've made the shift toward a high-tech world, we've become more independent and along with the independence has come more isolation from and competition with others. It's just in the last 15-20 years that people have rediscovered the value of interdependence--the idea of a cooperative versus a competitive mindset.

WHAT SUPPORT GROUPS DO AND WHY THEY WORK

Community support groups are organized for a variety of different purposes and often provide a range of functions for their members. It might be useful to view a given community support group as addressing one of the following broad issues:

1. personal growth and wellness,
2. situational crises
3. chronic illness/conditions.

Support groups work because of:

1. Commonality: we learn that others share similar problems and concerns; we learn that we are not alone.
2. Group bonding: we learn to care for each other within the group.
3. Information: we learn practical things from each other's experiences.
4. Helping: we can help and be helped--all at the same time.
5. Learning: we learn how much we already know and how much there is to learn.
6. Hope: we gain hope by seeing the positive changes in others.

(Yalom, 1985)

PROFESSIONAL INVOLVEMENT IN COMMUNITY SUPPORT GROUPS

The relationship between professionals and community support groups is a very tenuous one. Some professionals, because of their specialized knowledge and tendency to "take charge," often jump in and try to control what goes on within community support groups. The result is predictable. The group will either become dependent and fail to develop the necessary internal leadership or it will oust the professional in a rather dramatic way. More than one confused professional has been overheard mumbling, "What went wrong? All I wanted to do was help."

Other professionals, sensitive to the issue of group autonomy and internal leadership, stand on the sidelines and hope for the best. They desperately want to see the group get off the ground, but they don't know how to contribute without wrestling control from the group. In some of these cases, the group materializes and flourishes because the requisite internal leadership evolves on its own. In other cases, the group fails to materialize and the professional finds himself/herself agonizing over the question, "What could I have done to make it happen?"

The issue of professional involvement is, indeed, a thorny one. The effective professional recognizes that the "experiential knowledge" of the group is much more important than his/her "professional knowledge" and, thus, resists imposing this knowledge on the group. He/she also recognizes that the group is not likely to be totally rational or objective--there may be a great deal of emotional involvement including personal stories, tears, angry outbursts, hugs, and apologies for "acting so stupid." Finally, the effective professional realizes that leadership must emerge from within the group--and he/she accepts the fact that this is not always going to happen.

The most appropriate role might be viewed as that of "midwife." A midwife assists in bringing a new baby into the world and then helps to nurture it in the first hours of its life. But the midwife doesn't take the extra step of mothering or parenting the child. The goal is to get the natural mother or parents to take on this role as soon after birth as possible.

What other roles or functions are appropriate for professionals? The roles vary according to the developmental phase of the group. These are summarized as follows:

The Pre-formation Phase: The critical issue at this stage is to help people see the need for a support group. The professional can serve as an extremely valuable role as a visionary and advocate, openly talking about and publicizing the need for such a group within the community. Other important roles include stimulator, catalyst, and prodder.

The Formation Phase: Here the key issue is helping to identify, encourage and support potential leaders for the group. It is important to help people see that they do have leadership capabilities, to help them hone their leadership skills, and to help them feel comfortable in a leadership role. Some of the roles a professional can take on are guide, enabler, teacher, facilitator, and coordinator. The goal is to provide support without assuming the actual leadership function of the group. In the early formative phase of a group, professionals can serve an invaluable function by arranging meeting logistics: setting up meeting times and places, arranging for facilities, convening meetings, lining up refreshments, providing childcare, etc. However, it is important that the group begin to assume responsibility for these tasks at the earliest possible moment.

The Post-Formation Phase: Groups vary a great deal in the amount of on-going support they will need from professionals. Some will be autonomous and not seek on-going support; some will seek occasional advice, consultation, or support in specific areas; and some will want to maintain on-going relationships with professionals. The key roles might be those of consultant and supporter. Professionals can help in a variety of other ways: serving on an advisory board, referring potential participants to the group, helping the group evaluate its progress, assisting in publishing the group's newsletters, or linking the group with similar groups in other parts of the county area.

BREATHING NEW LIFE INTO OLD SUPPORT GROUPS

Once established, support groups can offer a great deal of support and encouragement to their members. They can also provide tangible help in dealing with day-to-day struggles and issues. But, what happens when a support group begins to stagnate, when it loses its vitality, when the whole thing becomes a ho-hum type of experience?

It is important to recognize that there is a time and a place for everything. If the group has outlived its useful purpose, the best thing might be to simply let it die. However, this should be a conscious decision. Too often, no formal action is taken and the group goes through a long and protracted death due to attrition and lack of interest. Talk about the issue--if there is no longer a purpose being served, then disband the group rather than letting it die through attrition and neglect.

If the group decides that there is a purpose to be served by staying together, there are at least four ways of trying to breathe new life into the group. These include:

1. Alter the original goals or purposes. If the group's sole purpose has been that of providing emotional support to individuals, it may be useful to add other functions or to shift functions entirely. If the group has strong feelings about changing public attitudes or public policies, then they may want to take on an educational or an advocacy function. There is nothing quite like the political arena to get juices flowing and to rebuild commitment to the group and its cause. Conversely, it may be that the group is trying to do too much and there simply isn't enough energy to go around. It may be necessary to cut back on functions--to get back to basics--and simply try to do a good job of providing emotional support to members.
2. Change the existing structure. Sometimes the structure of the support group--the way it is organized to accomplish its objectives--becomes cumbersome or unwieldy. Support groups function best when there is just enough structure to accomplish goals. Yet, over a period of time, the group may become bogged down with a committee structure which becomes burdensome. In this case, the best advice might be: Simplify! Decide which things need to be done and establish a lean, yet effective, structure for accomplishing these purposes. Of course, there is always the possibility that there is too little structure and one or two persons are running the entire show. In this case, the best advice might be to organize! Form should follow function: decide what needs to be done and then find a structure which will accomplish these goals.
3. Give attention to leadership. The founding members of a support group sometimes give it their all--heart, mind, and soul--to get the group off the ground. They may be so involved in the day-to-day functioning of the group that they are oblivious to the fact that others have not been involved or groomed for leadership positions. Then all of a sudden they become exhausted or burned out and the issue of future leadership has not been addressed. One of the most important things a group can do is provide support to the formal leaders so they are not strapped with all the mundane tasks of day-to-day activities. Another thing that is critical is grooming new people for leadership positions and allowing the founding members to step down or find new ways to serving the group. Finally, the group can encourage their

leaders to attend state or national meetings as a way of becoming re-energized and re-committed to the task at hand.

4. Reach out and find new blood. Often groups stagnate because they don't have any turnover in their membership. Some of the more effective support groups recognize this and make a conscious effort to reach out and bring in new blood. Again, the idea of "people chains" is important. It is usually when each person reaches out and extends a personal invitation to others that new people are brought into the group. Brochures, newspaper articles, radio and TV sports, newsletter articles, church bulletins, and posters in public places can all create greater awareness about the group. But it is still the "people chains" which are most effective in bringing new people into the group. Thus, we've come full cycle. It is "people chains" which are useful in forming a support group, and it is "people chains" which ultimately help to keep the group alive and vital!

SUGGESTIONS FOR FURTHER READING

Bolton, R. (1979). People skills. Englewood Cliffs: Prentice-Hall.

Brammer, L. (1973). The helping relationship: Process and skills. Englewood Cliffs: Prentice-Hall.

Carkhuff, R. (1977). The art of helping. Amherst, MA: Human Resource Development.

Kirshenbaum, H. & Glaser, B. (1978). Developing support groups: A manual for facilitators and participants. San Diego, CA: University Associates.

Lieberman, Morton, & Others (1979). Self help groups for coping with crisis. San Francisco: Jossey-Bass.

Mayeroff, M. (1971). On caring. New York: Harper and Row.

Sheehey, G. (1981). Pathfinders: Overcoming the crisis of adult life and finding your own path to well-being. New York: Bantam Books.

Silverman, P. (1980). Mutual help groups: Organization and development. Beverly Hills: Sage Publications.

Yalom, Irvin D. (1985). The theory and practice of group psychotherapy (3rd ed.). New York: Basic Books.

Williams, Roger. (1987). Neighbor to neighbor: A do-it-yourself guide for organizing farm family support groups. Madison: University of Wisconsin.

ENCOURAGING A FRIEND TO SEEK PROFESSIONAL HELP

Following are some suggestions that should help you as you confront a friend you're concerned about to encourage him or her to seek professional help:

1. Plan a caring confrontation. If possible, try to talk with your friend when neither of you is rushed or distracted. Use phrases such as, "I've been worried about..." or "I'm bringing this up because I really care about you..."
2. Protect privacy. Find a private place and make sure there are no interruptions while you are talking.
3. Discuss specific behaviors. Prior to the caring confrontation, list the behaviors you've seen your friend exhibit that concern you. This list might include withdrawal, anger, self-destructive actions, depression, lack of sleep, or loss of appetite.
4. Ask what your friend thinks and feels. Ask, "How do you feel about this problem?" and then be a good listener. Listen to the words and feelings you're hearing and do not concentrate on "fixing" the friend or arriving at a solution.
5. Understand possible barriers and offer alternatives. Before you approach your friend about the problem, understand what barriers may be keeping him or her from seeking professional help and be able to offer suggestions to help overcome these barriers.
6. Locate possible community resources. Before talking with your friend, you need to know what community resources are available.
7. Continue to be supportive. No matter how much you prepare for your first confrontation, you may not be able to convince your friend to seek professional help. Do not be discouraged. Continue to offer support and encouragement.

Encourage a friend to seek professional help. Neighbor helping neighbor (Cooperative Extension Service #181). West Lafayette, IN: Purdue University.

HOW TO REFER A PERSON FOR HELP

1. Be aware of the agencies and resources available in your community. Get to know the professionals and volunteers who can help--know what services they offer and their limitations. Be sure to touch base with the following: Social Services, Mental Health, Extension, Community Action, Food Pantries, and Support Groups.
2. Listen for signs and symptoms that the person or family needs help which you can't provide (examples include legal advice, financial advice or personal counseling). Remember, you may not be a financial advisor or personal counselor, but you can link the person or family with resources that can help them deal better with their situation.
3. Assess what agency or community resource would be most appropriate to address the person's (or family's) problem. If you have any questions about whether a given organization could be of help, give them a call and ask!
4. Discuss the referral with the person or family. You might say, "I sense that you need help with _____. I think _____ organization can help you." It is even more useful if you can say, "I know of a family that went to _____ organization and they found it to be very helpful." In short, if you know of families who have been helped, share their experience but keep their name confidential.
5. Explore the individual's or family's willingness to make contact with the community resource. You might say, "Does it make sense to you to contact _____?" or "How do you feel about seeking help from this agency?" If the person or family feels comfortable making the contact, urge them to do so.
6. Should the person or family be unwilling to make the contact or if there is some danger if action is not taken, you should take the initiative:
   a. Call the agency and ask to speak with the intake worker (if there is one).
   b. Identify yourself and your relationship with the person or family.
   c. State what you think the person's or family's needs are (depressed,suicidal, needs food or fuel, needs legal advice).
   d. Ask the agency what follow-up action will be taken and what (if anything) you can do.
7. Follow up to see if the person or family connected with the resource and whether they were helped. Don't pry for details; just make sure they know that you care and that you want them to get the help they need.

Prepared by Charlie Griffin of FACTS (Farmers Assistance Counseling & Training Service), KSU-Manhattan. Portions adapted from: Roger Williams. The farmer in distress: How the veterinarian can help out. Madison: University of Wisconsin.

Objectives

1. Define support networks in the context of rural human service delivery.

2. Define the continuum of networks that characterize rural communities.

3. Define the roles of professional human service providers and non-professional caregivers in rural communities.

4. Articulate the strategies of working with "natural caregivers" in rural communities.

5. Identify strategies for maintaining positive mental health of workers in rural networks.

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

A Network System

1. Provides a coordinated effort, increasing the effectiveness of available resources.
2. Serves as a system of communication.
3. Allows people to share power and decision making.
4. Enhances growth and sharing which provides support for individuals involved in the network.
5. Provides basis for allocation of services in rural context.

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Utley, Mike. (1988, Spring). Why networking? No More Victims, 1, (2). Lincoln, NE: Child Guidance Center.

Roles of Network Members

Initiator contributes or proposes new ideas regarding goals, directions, problems, and tasks. The initiator is the mover.

Opposer challenges the action of the initiator.

Follower passively agrees with the action taken.

Bystander witnesses the actions of the others but acknowledges neither agreement or disagreement.

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Blundall, Joan & Herzberg, Kim. (1988). Children growing up in changing times: The role of the school in community. Spencer, IA: Northwest Iowa Mental Health.

Strategies for Working with Natural Helpers

Personal Network

Volunteer Linking

Mutual Aid Networks

Neighborhood Helper Strategy

Community Empowerment Strategy

Module 4-4

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Bergstrom, D.A. (1982). Collaborating with natural helpers for delivery of rural mental health services. Journal of Rural Community Psychology, 3, (2), 5-26.

Why Natural Helpers Should Be Tapped

- Shortage of professionals in rural areas
- Low population density
- Cultural barriers
- Efficient use of existing support systems
- Beneficial effects of social support systems
- Advantage of community involvement

Great Plains Staff Training and Development for Rural Mental Health NIMH Grant #1 T23 MH18846

Bergstrom, D.A. (1982). Collaborating with natural helpers for delivery of rural mental health services. Journal of Rural Community Psychology, 3, (2) 5-26.

How Human Service Providers Can Stay Healthy

1. Develop friendships out of the regular "circle" of groups.
2. Take care of yourself.
3. Follow the basic rules of stress reduction.
4. Learn the symptoms and risks associated with your job.
5. Have a mentor or supervisor.
6. Establish clear priorities for your time.
7. Become familiar with your strengths and weaknesses.
8. Establish contact with a person who can help your endeavors.
9. Increase your knowledge of problem-solving skills.
   a. Explore/understand/define the problem.
   b. Brainstorm alternatives.
   c. Evaluate the alternatives.
   d. Decide the best alternative.
   e. Implement the alternative.
10. Use appropriate humor and optimism.

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

HUMAN SERVICES IN THE RURAL TRANSITION

MODULE 5

Resources

OUTLINE

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• Books and articles	18

RESOURCES

SOME CLOSING FACTS ABOUT THE RURAL TRANSITION

"The social problems of the open country cannot be understood apart from such phenomena as the drift to cities, the improved means of transportation, the raising of educational standards, the wider use of farm machinery, the hard struggle for adequate economic returns, the decline of the rural and small town population, and similar factors that are transforming the whole nature of rural life" (Steiner, 1980, p.158).

Throughout their story, the Lowells spoke of the declining economy of their community. Because it was important to them to stay in the community, they took low-paying jobs in order to make ends meet, or they became "under-employed." This transition did not start with the "farm crisis." If you remember, the rural transition has been occurring for years and for a number of reasons. The farm crisis years made it more complex and accelerated the transition.

The tax base of rural communities is affected by income decline, the loss of farms, farm-related businesses, and population decline. When the population declines, fewer local taxes are collected (property, consumer goods, vehicle, business taxes) and less funds are available to support the city and county governments. Many small communities have become subject to the "malling of America." As travel time is reduced by transportation and road improvements, larger regional shopping areas are made accessible to small communities. With the increase of franchise and chain operations, a small town "mom and pop" gas station or grocery store might be subject to the competition of "quick stop" shopping facilities.

Most folks in rural communities do not sit around and bemoan the fact that their tax base is affected. Instead, they talk about the welfare office closing, the bus not coming through town any more, or the swimming pool not opening for the summer. These issues are a direct result of the declining economies in communities, and they affect people in all areas of their lives--economically, socially, and emotionally.

Because the rural transition is a process and because this manual is designed to be helpful in a changing environment, we are offering what we know about resources and available contacts. You as the reader or presenter will quickly go beyond this point.

Individual human service providers do not have the resources to meet all needs for all people. But, by working together with informal and formal helping networks, the response can be effective. There are strengths of rural communities which help reinforce a sense of community ideology, for example, a community's desire for self-sufficiency, their commitment to community members, their solidarity, and their awareness of particular needs.

Graphic #5-1

SUCCESSFUL COMMUNITIES

Adapted from 20 Clues to Rural Community Survival
Milan Wall and Vicki Luther
Copyright 1987
Used with permission

Following are qualities that are important in maintaining community vitality:

- **Evidence of Community Pride.** Successful communities are often showplaces of community care and attention, with neatly trimmed yards, public gardens, and well-kept parks. Pride also shows up in other ways, especially in community festivals and events that give residents a reason to celebrate their community, its history and heritage.
- **Emphasis on Quality in Business and Community Life.** People in successful communities believe that something worth doing is worth doing right. Facilities are built to last, as are homes and other improvements.
- **Willingness to Invest in the Future.** Some of the brick-and-mortar investments are most apparent, but successful communities also invest in their future in other ways. Residents invest time and energy in community betterment, and they concern themselves with how their present activity will affect their lives and those of their children and grandchildren.
- **Participatory Approach to Community Decision-Making**. Successful communities typically have a broad participation in decision-making. The leadership in these communities works through formal and informal systems to build a consensus for their objectives.
- **Cooperative Community Spirit.** Successful rural communities devote more attention to cooperative activities than to fighting over what should be done and by whom. The emphasis is on working together toward a common goal and the focus is on positive results.
- **Realistic Appraisal of Future Opportunities.** Many communities have learned an important strategic lesson: build on strengths, minimize weaknesses.
- **Awareness of Competitive Positioning.** The thriving communities know who their competitors are, and so do the businesses in them. Everyone tries to emphasize local loyalty as a way to assist local businesses, but many businesses also keep tabs on their competitors in other towns--they don't want any of the hometown folks to have an excuse to go elsewhere.
- **Knowledge of the Physical Environment.** Importance of location is underscored continually in local decision-making, as business and civic leaders picture their community in relation to others. Beyond location, however, communities are also familiar with the resources they have locally.
- **Active Economic Development Program.** An organized and active approach to economic development is common in successful communities, and it involves both public and private sector initiatives, often working hand in hand.

- **Deliberate Transition of Power to a Younger Generation of Leaders.** Young leadership is the rule more than the exception in thriving rural communities. People under 40 often hold key positions in both civic and business affairs. In many cases these young people grew up in the town and decided to stay or returned after college. In many other cases, they are people who have decided to make a life in the community even though they grew up elsewhere.
- **Acceptance of Women in Leadership Roles.** Women hold positions of leadership in these rural communities, and those roles extend beyond the traditional strongholds of female leadership. They are elected as mayors, are hired to manage health care facilities, develop entrepreneurial ventures, are elected as presidents of chambers of commerce.
- **Strong Belief in and Support for Education.** Good schools are a point of pride, as well as a stable employment force, and rural community leaders are very much aware of their importance. Residents want their children to get the best education they can afford. Beyond that, the school is often a center of social activity, and sporting and other school events are well-attended.
- **Problem-solving Approach to Providing Health Care.** Local health care is a common concern in rural communities, but strategies for health care delivery vary, depending on community needs. One community decides that keeping a doctor in the town is important; another focuses on emergency medical services; another invests heavily in comprehensive hospital-based services.
- **Strong Multi-Generational Family Orientation.** These are family oriented communities, with activities often built around family needs and ties. But the definition of family is broad, and it includes younger as well as older generations and people new to the community.
- **Strong Presence of Traditional Institutions that are Integral to Community Life.** Churches represent perhaps the strongest force in this regard, and community activities often include or are centered on the church. Schools play a similar role. Service clubs retain a strong influence, and that influence is felt in community development as well as in social activities.
- **Sound and Well-Maintained Infrastructure.** Rural communities understand the importance of traditional infrastructure such as streets, sidewalks, water systems, and sewage treatment facilities. They work hard to maintain and improve them. But many of them are also worried that in this area especially they'll need outside funding to keep up, and they wonder whether it will be available to them in the future.
- **Careful Use of Fiscal Resources.** Frugality is a way of life in the successful small communities, and expenditures are made carefully. Expenditures are often seen as investments in the future of the community.
- **Sophisticated Use of Information Resources.** Rural community leaders are knowledgeable about their communities beyond the local knowledge base. In

one study, census data was used to study population change. In another, modern computer equipment kept people up to date on financial matters.

- **Willingness to Seek Help from the Outside.** There is little reluctance in successful communities to seek outside help, and many of them demonstrate their success at competing for government grants and contracts for economic development, sewer and water systems, recreation, street and sidewalk improvement, and senior citizen programs.
- **Conviction that, in the Long Run, You Have to Do It Yourself.** Although outside help is sought when appropriate, it is nevertheless true that thriving small communities believe their destiny is in their hands. They are not waiting for someone else to save them, nor do they believe that "things will turn out" if they sit back and wait. Making their communities good places to live for a long time to come is a pro-active assignment, and they willingly accept it.

(Wall & Luther, 1987)

MODEL PROGRAMS

Network systems were previously discussed and are a good base with which to start in local communities. However, there are more outreach possibilities that exist within a community, and the following information details certain programs.

PEER LISTENING PROGRAM: SPENCER, IA

The Consultation and Education Services Coordinator of Northwest Iowa Mental Health Center headed this program in 1985. It began with three farm women who thought they were in need of therapy. Over 1,700 individuals a month were served in support groups, educational programs, and individual counseling services. The majority of support group members participated because they were invited by a friend, similar to Marjorie's friend, Nan.

Intervention programs were developed around natural family support networks (other family members, close friends, clergy, etc.), and rural families responded to an aggressive outreach program which involved families in their own solutions. The peer listening program consisted of community volunteers, many of whom had lost a farm or business. A 15-hour training schedule was offered for the peer listening program members.

Clergy, farmers, chamber of commerce, and other community leaders were used to recruit potential peer listeners. Persons who were recognized for being helpful listeners and helpers were screened by community contact persons and invited to attend training sessions.

From the outset, the mental health center's director was highly visible in the community. There was encouragement of staff members to make their presence in the community known and be available to people. This reaching out might take the form of having lunch with people in the community, speaking to service clubs, church organizations, and school system personnel. These programs are presently ongoing.

COMMUNITY CARETAKER TRAINING

A base to community caretaker training started with Monroe Mental Health Center in Norfolk, Nebraska, when behavioral emergencies reached excessive numbers for the medical and mental health center services. A region-wide training program in crisis intervention and management of behavioral emergencies was initiated. During a two-year period, 120 Emergency Medical Trainees (EMT) completed a 10-hour basic training course, including crisis intervention, communication skills, suicide assessment and intervention, substance abuse management, psychiatric emergencies and the referral process. When the farm crisis began to affect rural communities in the Norfolk area, the EMT group was already in place and ready to respond. They learned specific issues surrounding the rural situation. A Community Caretaker Training Manual was written to cover the above topics.

STRESS: COUNTRY STYLE

One of the more innovative programs started in 1986 was Stress: Country Style in Illinois. It was a statewide program funded by the Illinois Department of Agriculture and initiated by two directors of mental health centers.

Stress: Country Style consisted of a statewide, 24-hour hotline as well as 18 outreach counselors. Calls made to the hotline were referred to a nearby counselor who used his or her car as the office. A face-to-face visit could be arranged, if desired. The counselor would go to the farm house or business or to a neutral site such as a restaurant, church, or Cooperative Extension Office.

The outreach counselors were available to speak to communities at informational meetings. Outreach counselors met monthly as a group for further training and information exchange. This meeting was very helpful because they did not feel a part of any specific "system" and needed additional support.

Because of funding cutbacks, the program was cancelled after two years. Presently, however, a modified Stress: Country Style has been funded to combine efforts with community mental health centers.

MENTAL HEALTH ASSISTANCE TO FARM CRISIS VICTIMS:

This is another successful and ongoing program at Southwest Iowa Mental Health Center, Atlantic, Iowa. In 1984, the Center sought and received funds to develop expanded services to treat the increased number of persons needing mental health assistance. A major goal of the farm crisis program was to strengthen the participants' abilities to deal constructively with stress and other related problems. The program goals were: (1) effectively identify farm crisis persons in need of assistance; (2) successfully treat individuals or families in need of evaluation, counseling, and other mental health services; and (3) address the needs of 200 "at risk" persons whose distress symptoms were not serious enough to warrant explicit mental health treatment but who could benefit from interventions designed to prevent mental health problems.

The main objectives were to include: outreach presentations, seminars for non-mental health professionals (clergy, physicians, bankers, lawyers, and others),

mental health treatment for clients, stress management workshops, and ongoing support groups.

Many were reached through community support workers, through newspaper articles and national magazines, and through presentations on radio and television. A Resource Directory was assembled, with 2,500 copies distributed in the three and one-half county catchment area.

RURAL COMMUNITY SERVICE PROGRAM

This innovative program was developed in St. Joseph, Missouri. The University of Missouri Extension and five area community mental health centers joined together to address the mental health needs of 36 rural counties. Throughout this cooperative effort, funded through Section 1440 of the Federal Food Security Act, rural Missouri residents could obtain support, service and professional guidance for coping with a period of economic and social transition within rural communities.

Rural Community Service Coordinators, selected by directors of mental health centers, became part of the Extension Service to avoid the stigma associated with "mental health" services. Activities identified as important by the coordinators were contacting community leaders and establishing local support for the program, meeting with community groups to lead discussions or provide educational sessions, consulting with and providing support for community caregivers and service providers, and crisis intervention. The program is ongoing and hopefully will become a permanent network in community mental health centers.

Hotlines in each state, as we mentioned before, have been active in providing a variety of services and referral systems. The four-state listing for hotlines/helping networks are included in the "rural programs" section.

CONTACT COUPLES NETWORK

Two agencies in western Kansas worked with the "contact couples network." The Rural Life Director of the Catholic Diocese and a therapist at Area Mental Health Center identified and enhanced a natural helping system. Developed out of the "coffee network," it was thought that a simple telephone call from a known neighbor could have very positive effects on those experiencing crises. Less anxiety existed in discussion with another farm couple who had already experienced the crisis. A farm couple in each of 28 counties was identified as a "contact couple" and they have agreed to call or be called by others in crisis. Training in specific areas such as crisis intervention and available resources was given, and the network is in place.

FARM MEDIATION

WHAT IS MEDIATION? Farm mediation offers borrowers and lenders the opportunity to reach mutually satisfying agreements to credit problems through the assistance of an impartial mediator.

In farm mediation, emotional factors, such as an attachment to the farm homestead on the part of the borrower, and the concern of shareholder interests on the part of the creditor, are dealt with in a positive manner and become a part of the mediation process.

Farmers and creditors are encouraged to initiate and discuss their own viable options and to work toward a realistic and constructive solution. Mediation is a third-party facilitated negotiation which strives toward a 'win-win" solution for both parties. It is an opportunity to resolve problem credit situations outside the courtroom. Mediation does not waive any legal rights, however. If an agreement is not reached, legal remedies remain available to both parties. Mediation is a process emphasizing long-lasting solutions, rather than placing blame on others and concentrating on past actions.

WHO DOES THE MEDIATION? Mediators have been selected for their awareness and understanding of the agricultural economy, their ability to appreciate different points of view, and their ability to remain impartial. They are trained in conflict resolution and will work with the involved parties to achieve the most positive outcome possible in the situation.

WHAT IS THE RESULT OF MEDIATION? At the conclusion of each session, mediators will be responsible for summarizing the discussions that have taken place between the parties and reviewing their comments with each party to make certain no one has been misunderstood. A mediator has no power to impose a solution. If the parties reach agreement the mediator will draw up a "memorandum of understanding" which the parties may take to their respective attorneys before final approval.

WHO CAN REQUEST MEDIATION? Either the borrower or the creditor can initiate the mediation process. Upon request from one of the parties, the Mediation Service will contact the other party and advise them of the request. If the parties agree, arrangements will be made to set a mediation date. (Interchurch Ministries of NE.1988; FACTS)

Each state mediation service is listed in the rural programs section.

REFERENCES

FACTS (Farmers Assistance Counseling and Training Service). Farm creditor mediation services. Manhattan, KS: Kansas State University.

Interchurch Ministries of Nebraska. Nebraska farm mediation service. Lincoln, NE: Author.

Steiner, Jesse F. (1980). Education for social work in rural communities: Rural Sociology--Indispensable or merely desirable? In E. E. Brawley-Martinez (Ed.), Pioneer efforts in rural social welfare: First hand views since 1908, (pp. 156-162). University Park: The Pennsylvania State University Press.

Wall, Milan & Luther, Vicki. (1987). 20 clues to rural community survival. A Community Case Study Project. Lincoln, NE: Heartland Center for Leadership Development.

RURAL NEWSLETTERS AND JOURNALS

Center for Rural Affairs Newsletter
Center for Rural Affairs
P. O. Box 405
Walthill, NE 68067
402-846-5428
Monthly. Donation.

Family Farm News
Farm Counseling Service, Inc.
102 East Madison
Memphis, MO 63555
816-465-7232
Monthly. $15.00 per year.

Great Plains Resources
Great Plains Staff Training Project
University of Nebraska
304 Burnett Hall
Lincoln, NE 68588-0375
402-472-3741
Quarterly. Public service.

Human Services in the Rural Environment
Eastern Washington University
Inland Empire of Social Work, MS-19
Cheney, WA 99004
Quarterly, Individual: $20 per year.

Interchange
Central Minnesota Farm/Rural Project
c/o Catholic Charities
305 7th Ave. No., Suite #100
St. Cloud, MN 56303
612-252-4121
Quarterly. Donation.

Iowa Farm Unity News
Iowa Farm Unity Coalition
550 11th Street
Des Moines, IA 50309
Quarterly. $12 per year.

Journal of Rural Community Psychology
CA School of Professional Psychology
1350 M Street
Fresno, CA 93721
Biannual, Individual:$20 per year.

North American Farmer
North American Farm Alliance
P. O. Box 176
Ames, Iowa 50010
515-232-1009
$10 per year.

Rural Community Mental Health Newsletter
12300 Twin Brook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
Quarterly. $15 per year.

Rural Development Perspectives
ERS-NASS
P. O. Box 1608
Rockville, MD 20850
1-800-999-6779
Triannual. $9 per year.

Rural Papers
Kansas Rural Center
Box 133
Whiting, KS 66552
913-873-3431
Monthly. $15 per year.

Rural Services Institute Newsletter
Doane Center
Mansfield University
Mansfield, PA 16933
717-662-4808
Tri-annual. Public service.

Small Town
Small Towns Institute
P. O. Box 517
Ellensburg, WA 98926
509-925-1830
Bimonthly. $30 individual.

Women of the Land
Prairiefire Rural Action
550 11th St.
Des Moines, IA 50309
515-244-5671
Quarterly. $4-$10.

FILMS AND VIDEOS

(Addresses at end of this section)

A Family's Fall
Kansas State University
University of Minnesota

The Agricultural Credit Act of 1987
Central Minnesota Farm/Rural Project

Alternatives in the Law
Central Minnesota Farm/Rural Project

An Uncertain Harvest
Central Minnesota Farm/Rural Project

Another Family Farm
Central Minnesota Farm/Rural Project
Kansas State University

Beyond the Sale
Kansas State University

Business Management in Agriculture Videotape Series (10 Tapes)
Cooperative Extension: Each State.

Changes on Mainstreet
Iowa State University-Cooperative Ext.
Kansas State University
Prairiefire

Children and Stress
Central Minnesota Farm/Rural Project

Coping Skills for Dealing with Stress
University of Nebraska-Cooperative Ext.

Coping with Change
Central Minnesota Farm/Rural Project

Dealing with Blame: Helping Farm Families in Crisis
Central Minnesota Farm/Rural Project
Iowa State University-Cooperative Ext.
Kansas State University

Down on the Farm
University of Wisconsin

Empathizing with People Experiencing Stress
University of Nebraska-Cooperative Ext.

Family Communication During Stress and Crisis
Kansas State University
Michigan State University

Farm Families in Transition
Iowa State University-Cooperative Ext.
Kansas State University
University of Nebraska-Cooperative Ext.

Farm Neighbors: A Guide to Self-Help Groups
Iowa State University-Cooperative Ext.

Farm Town
Northwest Iowa Mental Health Center
Prairiefire

Farmers and Lenders: Working through Crisis
Iowa State University-Cooperative Ext.

Farmwife
Ohio University

Father/Son Operations
Central Minnesota Farm/Rural Project

Feeling Good About Yourself When You're Feeling Bad
Central Minnesota Farm/Rural Project

Food: Green Grow the Profits
Association Films, Inc.

From This Valley: On Defending the Family Farm
Prairiefire
Presbyterian Church

Harvest of Tears
Northwest Iowa Mental Health Center
Prairiefire

FILMS AND VIDEOS - CONTINUED

Human Services in the Rural Transition: The Lowell Family
Great Plains Training & Development

How to Have an Accident
Bureau of Audio Visual Instruction

Legal Aspects of Farming
Central Minnesota Farm/Rural Project

Mainstreet: Bitter Harvest
Northwest Iowa Mental Health Center
Prairiefire

Moving On: Getting an Off-Farm Job
Iowa State University-Cooperative Ext.

Nebraska Agriculture in Crisis
University of Nebraska-Cooperative Ext.

Neighbor to Neighbor
Health and Human Services Outreach

Never the Same Again
Iowa State University-Cooperative Ext.

Noah's Ark
Central Minnesota Farm/Rural Project

One Step at a Time
Kansas State University
Prairiefire

Plowing up a Storm
Central Minnesota Farm/Rural Project

Portrait of Agriculture
Rural Images

Rebuilding Self-Esteem for Farm Women
Iowa State University-Cooperative Ext.
Kansas State University

Responding to the Farmer in Crisis
Central Minnesota Farm/Rural Project
Kansas State University

Self-Help Groups
University of Wisconsin-Cooperative Ext.

Stress: #53, #54, #55, #56
Central Minnesota Farm/Rural Project

Survive: High Stakes
Central Minnesota Farm/Rural Project

The Dust Bowl
Association Films

The Land
Kansas State University

The Nature of Things
Central Minnesota Farm/Rural Project

The Rural Crisis Comes to School
Central Minnesota Farm/Rural Project
Iowa State University-Cooperative Ext.
Kansas State University

The Rural Parish: Its Unique Qualities
Central Minnesota Farm/Rural Project

The Stephenses of Ohio
Carousel Films

Tomorrow's Harvest
Central Minnesota Farm/Rural Project

Understanding Change and Blame
University of Nebraska-Cooperative Ext.

What Harvest for the Reaper
Association Films

Who is Minding the Farm?
Central Minnesota Farm/Rural Project

Who will Own the Land?
Prairiefire

ADDRESSES - FILM AND VIDEO SOURCES

Association Films, Inc.
866 Third Avenue
New York, NY 10022
212-935-4210

Bureau of Audio Visual Instruction
P. O. Box 2093
Madison, WI 53701
608-262-1644

Carousel Films
1501 Broadway
New York, NY 10036
212-354-0315

Central Minnesota Farm/Rural Project
c/o Division of Catholic Charities
305 7th Ave. No., Suite #100
St. Cloud, MN 56303
612-252-4121

Great Plains Staff Training Project
University of Nebraska
304 Burnett
Lincoln, NE 68588-0375
402-472-3741

Health and Human Services Outreach
610 Langdon St.
Madison, WI 53703
608-263-2088

Iowa State University-Cooperative Ext.
Media Resources, 121B Pearson
Ames, IA 50011
515-294-1540

Kansas State University
Extension Specialist, Human Dev.
343 Justin Hall
Manhattan, KS 66506
913-532-5780

Michigan State University
203 Human Ecology Building
East Lansing, MI 48824
517-355-1895

Nebraska Cooperative Extension Service
University of Nebraska
Administration Building 206
Lincoln, NE 68588-0422
402-472-3802

Northwest Iowa Mental Health Center
201 East 11th Street
Spencer, IA 51301
712-262-2922

Presbyterian Church
Office of Interpretation
341 Ponce de Leon Ave. N. E.
Atlanta, GA 30305

Ohio University
ITV Coordinator
Telecommunications Center
Athens, OH 45701

Prairiefire
550 11th Street
Des Moines, IA 50309
515-244-5671

Rural Images
Box 315
Brandon, WI 53919

University of Minnesota
Communication Resources Distribution
1420 Eckles Avenue, 3 Coffey Hall
St. Paul, MN 55108
612-373-1615

University of Wisconsin
Bureau of Audiovisual Instruction
1327 University Ave.
Madison, WI 53715

Wisconsin Humanities Committee
716 Langdon St.
Madison, WI 53706

RURAL PROGRAMS
by Area of Coverage (See also: National)

Iowa

ASSIST/Iowa Cooperative Extension
Iowa State Univ., 108 Curtis Hall
Ames, IA 50011
515-294-7801
Hotline, legal, financial, referral, education, farm management.

Farm Family Rehabilitation Management
P. O. Box 4002
Des Moines, IA 50333
515-289-193?
Worksite mo[illegible]fication for disabled ag workers.

IA Farm Unity Coalition/Farm Survival Hotline
550 11th Street, Suite 200
Des Moines, IA 50309
515-244-5671
NATL: Advocacy, political action, education.

Iowa Farmer/Creditor Mediation Service
315 East 5th Street, #4
Des Moines, IA 50309
515-244-8214
Mediation, referral.

Iowa Interchurch Forum
3815 36th Street
Des Moines, IA 50310
515-255-5905

Legal Services Corporation of Iowa
315 E. 5th, Suite 22
Des Moines, IA 50309
515-243-2151

Prairiefire Rural Action, Inc.
550 11th Street, Suite 200
Des Moines, IA 50309
515-244-5671
Hotline, financial, advocacy, political action, referral, education.

Rural Assistance Program/Farmers' Outreach
715 South Third Street
Clinton, IA 52732
319-242-4102
Mental health, hotline, mediation, legal, financial, advocacy, political action, referral, education, medical.

Rural Concern Hotline
1111 9th Street, #220
Des Moines, IA 50314
515-281-7708, 800-447-1985
Mental health, hotline, mediation, legal, farm management, referral.

Kansas

Farmers Assistance, Counseling & Training Service. (FACTS)
Kansas State University, 148 Waters Hall
Manhattan, KS 66506
913-532-6958. HOTLINE:1-800-321-3276
Hotline, mental health, legal, financial, mediation, food, shelter, clothing, medical, education, employment assistance.

Kansas Legal Service
712 South Kansas, Suite 200
Topeka, KS 66603
913-233-2068

Kansas Pride Program
Kansas Cooperative Extension Service-KSU
Umberger Hall, Room 101
Manhattan, KS 66506
913-532-5840
Community development, education.

Kansas Rural Center
304 Pratt Street
Whiting, KS 66552
913-873-3431
Advocacy, political action. education.

Nat'l Organization of Help the Farmers, Inc.
P. O. Box 148
Wetmore, KS 66550
913-866-2410
Advocacy, basic needs, employment assistance, referral.

Rural Assistance Corporation (RAC)
5225 W. 75th
Overland Park, KS 66204
913-648-5570
Mediation.

Rural Employment Assistance Program (REAP)
Kansas Department of Human Resources
401 SW Topeka Boulevard
Topeka, KS 66603-3182
913-296-5206
Mental health, legal, financial, advocacy, political action, referral, education, employment assistance.

RURAL PROGRAMS - CONTINUED

Missouri

Center on Rural Elderly
University of Missouri
5245 Rockhill Road
Kansas City, MO 64110
816-276-2522

Farm Counseling Service, Inc.
102 East Madison
Memphis, MO 63555
816-465-7232
NATIONAL: Hotline, mediation, financial, advocacy, political action, referral, education. Local: food, medical.

Mental Health Outreach/Job Counseling Project
University of Missouri, 822 Clark Hall
Columbia, MO 65211
314-822-4221
Mental health, hotline, referral, education, community leadership, economic development.

Missouri Farm Services (MO Farms)
Missouri Department of Agriculture
P. O. Box 630
Jefferson City, MO 65102
314-751-2129
Hotline, mediation, referral, financial.

Missouri Interfaith Coalition
Box 733
Columbia, MO 65205
314-474-7155
Advocacy, political action, referral, education.

Missouri Rural Crisis Center
710 Rangeline
Columbia, MO 65201
314-449-1336
Hotline, mediation, financial, advocacy, political action, referral, education, basic needs.

Rural Community Services
University of Missouri-Cooperative Ext.
822 Clark Hall
Columbia, MO 65211
314-882-6206
Mental health, education, referral, job assistance.

Rural Employment & Career Help (REACH)
Western Missouri Private Industry Council, Inc.
P. O. Box 701
Sedalia, MO 65301
816-827-3722
Education, job assistance.

Nebraska

Ag Action Centers/Job Training of Greater NE
941 "O" Street, Fifth Floor
Lincoln, NE 68508
402-471-3181
Mental health, financial, job assistance. (6 regional offices)

Center for Rural Affairs
P. O. Box 405
Walthill, NE 68067
402-846-5428
Political action, education.

Farm Crisis Response Network
Interchurch Ministries of Nebraska
Box 383
Walthill, NE 68055
402-846-5578
Hotline, referral, mental health, financial, legal, education.

Nebraska Cooperative Extension Service
444 Cherrycreek Road
Lincoln, NE 68528
402-471-7180
Education, farm management, financial, mental health.

Nebraska Farm Mediation Service
Interchurch Ministries of Nebraska
215 Centennial Mall So., Room 411
Lincoln, NE 68508-1888
402-476-3392
Mediation.

Nebraska Legal Aid Society-Farm Desk
P. O. Box 37
Walthill, NE 68067
846-5380
Legal. (for northeast Nebraska)

Nebraska Pantry Network
Interchurch Ministries of Nebraska
215 Centennial Mall So., Room 411
Lincoln, NE 68508
402-476-3391
Referral, basic needs.

RURAL PROGRAMS - CONTINUED

National

American Agriculture Movement
Box 69
Washington, DC 20002
Political action, referral, Recorded Ag Report: 1-202-544-6024.

American Family Farm Foundation
National Rural Crisis Response Center
Box 65
Washington, DC 20002
202-547-6767
Referral, education.

Farm Counseling Service, Inc.
102 East Madison
Memphis, MO 63555
816-465-7232
Hotline, mediation, financial, advocacy, political action, referral, education.

Farmers' Legal Action Group (FLAG)
46 E. 4th St. Suite 1301
St. Paul, MN 51101
Legal, financial.

Iowa Farm Unity Coalition
550 11th Street, Suite 200
Des Moines, IA 50309
515-244-5671
Advocacy, political action, education.

National Association for Rural Mental Health
12300 Twinbrook Pkwy #320
Rockville, MD 20852
301-984-6200
Advocacy, political action, referral, education.

National Family Farm Coalition
80 F Street, NW
Washington, DC 20004
202-737-2215
Advocacy, political action, referral.

National Farmers Organization
720 Davis Avenue
Corning, IA 50841
515-322-3131
Advocacy, political action, financial, referral, education.

National Farmers Union
10065 E. Harvard Ave.
Denver, CO 80231
303-337-5500
Advocacy, political action, education, cooperative development.

National Organization of Help the Farmers, Inc.
P. O. Box 148
Wetmore, KS 66550
913-866-2410
Advocacy, basic needs, job assistance, referral.

Prairie Rural Action, Inc.
550 11th Street, Suite 200
Des Moines, IA 50309
515-244-5671
Hotline, financial, advocacy, political action, referral, education.

Small Towns Institute
Box 517
Ellensburg, WA 98926
509-925-1830
Education, publishes *Small Town* newsjournal--see periodicals.

COMMUNITY MENTAL HEALTH CENTERS

(Note: Many of these facilities have satellite offices in neighboring counties)

County	City	Agency	Telephone
Iowa			
Appanoose	Centerville	Rathbun Area Mental Health Center	515-856-6471
Benton	Vinton	Benton County Mental Health Center	319-472-5226
Black Hawk	Waterloo	Black Hawk-Grundy Mental Health Center	319-234-2893
Bremer	Waverly	Cedar Valley Mental Health Center	319-352-2064
Cass	Atlantic	Southwest Iowa Mental Health Center	712-243-2606
Cerro Gordo	Mason City	Mental Health Center of Northern Iowa	515-424-2075
Clay	Spencer	Northwest Iowa Mental Health Center	712-262-2922
Clinton	Clinton	Mental Health Center of Clinton	319-243-5633
Crawford	Denison	Mental Health Centers of West Iowa	712-263-3172
Dallas	Adel	West Central Mental Health Center	515-993-4514
Des Moines	Burlington	Southeastern Iowa Mental Health Center	319-754-4618
Dubuque	Dubuque	Dubuque/Jackson Mental Health Center	319-589-9645
Henry	Mt. Pleasant	Community Mental Health Center	319-385-8051
Jasper	Newton	Jasper County Mental Health Center	515-792-4012
Johnson	Iowa City	Mid-Eastern Iowa Community Mental Health	319-338-7884
Lee	Keokuk	Lee County Mental Health Center	319-524-3873
Linn	Cedar Rapids	Community Mental Health of Linn County	319-398-3562
Mahaska	Oskaloosa	South Central Mental Health Center	515-673-7406
Marshall	Marshalltown	Mental Health Center of Mid-Iowa	515-752-1585
Muscatine	Muscatine	Great River Mental Health Center	319-264-5220
Page	Clarinda	Waubonsie Mental Health Center	712-542-2388
Plymouth	LeMars	Plains Area Mental Health Center	712-546-4624
Polk	Des Moines	Des Moines Child Guidance	515-244-2267
Polk	Des Moines	Polk County Mental Health Center	515-243-5181
Pottawattamie	Council Bluffs	Mercy Mental Health Center	712-328-2609
Poweshiek	Grinnell	Poweshiek County Mental Health Center	515-236-6137
Scott	Davenport	Vera French Community Mental Health Center	319-383-1900
Story	Ames	Central Iowa Mental Health Center	515-232-5811
Tama	Toledo	Mental Health Clinic of Tama County	515-484-5234
Union	Creston	Crossroads Mental Health Center	515-782-8457
Wapello	Ottumwa	Southern Iowa Mental Health Center	515-682-8772
Webster	Fort Dodge	North Central Iowa Mental Health Center	515-955-7171
Winneshiek	Decorah	Northeast Iowa Mental Health Center	319-382-3649
Woodbury	Sioux City	Siouxland Mental Health Center	712-252-3871
Kansas			
Allen	Humboldt	Southeast Kansas Mental Health Center	316-473-2241
Barton	Great Bend	The Center for Counseling & Consultation	316-792-2544
Brown	Hiawatha	KANZA Mental Health & Guidance Center	913-742-7113
Butler	El Dorado	So. Central Mental Health Counseling Center	316-321-6036
Cowley	Winfield	Cowley County Mental Health Center	316-221-9670
Crawford	Pittsburg	Crawford County Mental Health Center	316-231-5130
Douglas	Lawrence	Bert Nash Community Mental Health Center	913-843-9192
Ellis	Hays	High Plains Mental Health Center	913-628-2871
Finney	Garden City	Area Mental Health Center	316-275-7689
Franklin	Ottawa	Franklin County Mental Health Clinic	913-242-3780
Harvey	Newton	Prairie View, Inc.	316-283-2400
Kiowa	Greensburg	Iroquois Center for Human Development	316-723-2272
Labette	Parsons	Labette Center for Mental Health Services	316-421-3771
Leavenworth	Leavenworth	Northeast KS Mental Health & Guidance Center	913-682-5118
Lyon	Emporia	Mental Health Center of East Central Kansas	316-342-0548
Miami	Paola	Miami County Mental Health Center	913-294-5755

County	City	Agency	Telephone
Montgomery	Independence	Four County Mental Health Center	316-331-1748
Reno	Hutchison	Horizons Mental Health Center	316-665-2240
Riley	Manhattan	Pawnee Mental Health Services	913-539-5337
Saline	Salina	Central Kansas Mental Health Center	913-823-6322
Sedgwick	Wichita	Wichita Guidance Center	316-686-6671
Seward	Liberal	Southwest Guidance Center	316-624-8171
Shawnee	Topeka	Shawnee Community Mental Health Center	913-233-1730
Sumner	Wellington	Sumner County Mental Health Center	316-326-7448
Johnson	Mission	Johnson County Mental Health Center	913-384-1100
Wyandotte	Kansas City	Wyandot Mental Health Center, Inc.	913-831-9500
Missouri			
Audrian	Mexico	East Central Missouri Mental Health Center	314-581-1785
Barry	Monett	Barry-Lawrence County Counseling	417-235-6610
Boone	Columbia	Mid-Missouri Mental Health Center	314-449-2511
Buchanan	St. Joseph	Family Guidance Center	816-364-1501
Butler	Poplar Bluff	Southeast Ozark Mental Health Center	314-686-1123
Cape Girardeau	Cape Girardeau	Community Counseling Center	314-334-1100
Cole	Jefferson City	Family Mental Health Center	314-634-3000
Dunklin	Kennett	Family Counseling Center, Inc.	314-888-5925
Greene	Springfield	Burrell Center	417-883-5400
Grundy	Trenton	North Central Missouri Mental Health Center	816-359-4487
Henry	Clinton	Community Counseling Consultants	816-885-4586
Howell	West Plains	Ozark Area Care and Counseling	417-256-3185
Jackson	Kansas City	Community Mental Health Center South	816-765-9440
Jackson	Independence	Comprehensive Mental Health Services, Inc.	816-254-3652
Jackson	Kansas CIty	Swope Parkway Comprehensive	816-923-5800
Jackson	Kansas City	Western Missouri Mental Health Center	816-471-3000
Jasper	Joplin	Ozark Center	417-781-2410
Jefferson	Festus	COMTREA Community Treatment Inc.	314-937-3300
Johnson	Warrensburg	West Central Missouri Mental Health Center	816-747-7127
Marion	Hannibal	Mark Twain Mental Health Center	314-221-2120
Perry	Perryville	Community Counseling Center	314-547-8305
Phelps	Rolla	Central Ozark Mental Health Services Inc.	314-364-7551
Scott	Sikeston	Bootheel Mental Health Center	314-471-0800
St. Charles	St. Charles	Four County Mental Health Services, Inc.	314-946-4000
St. Genevieve	St. Genevieve	Community Counseling Center	314-883-7407
St. Louis	St. Louis	Great Rivers Mental Health Services	314-997-3900
St. Louis	St. Louis	Malcolm Bliss Mental Health Center	314-241-7600
St. Louis	St. Louis	Metro Comprehensive Mental Health Center	314-361-8800
Nebraska			
Buffaio	Kearney	South Central Community Mental Health Center	308-234-4017
Douglas	Omaha	Community Alliance, Inc.	402-341-5128
Douglas	Omaha	Eastern NE Community Office of Mental Health	402-444-6543
Douglas	Omaha	Immanuel Community Mental Health Center	402-572-2916
Gage	Beatrice	Blue Valley Mental Health Center	402-228-3386
Hall	Grand Island	Mid-Plains Center for Professional Services	308-381-5250
Lancaster	Lincoln	Child Guidance Center	402-475-7666
Lancaster	Lincoln	Community Mental Health of Lancaster Co.	402-471-7940
Lincoln	North Platte	Richard Young Family Life Center	308-532-4050
Madison	Norfolk	Monroe Mental Health Center	402-371-7530
Scottsbluff	Scottsbluff	Panhandle Mental Health Center	308-635-3171
Seward	Seward	Pioneer Mental Health Center	402-643-3343
Thurston	Macy	Carl T. Curtis Guidance Development Center	402-837-5381

BOOKS AND ARTICLES

American farmers--The new minority. (1981). G. C. Fite. Bloomington, IN: Indiana University Press.

America's third world. (1988). John McCormick. Newsweek, August 8, 1988.

An informal look at farm stress. (1986). James Walker & Lilly Walker. Psychological Reports, 59, 427-430.

A strategy for rural change. (1975). C. P. Loomis & J. A. Beegle. New York: John Wiley & Sons.

Bend the trend: Meeting the needs of the rural elderly. (1988). Division of Continuing Education. Lawrence, KS: University of Kansas.

Directory of human resources. (1989). Topeka, KS: Kansas Homeless and Hunger Action Coalition.

Capitalizing on unique assets of rural areas for community interventions. (1982). Steven R. Heyman. Journal of Rural Community Psychology, 3, (1).

Clinical issues with farm women. (1987). Ursula Delworth, Susan D. Veach, & Linda Grohe. In Peter A. Keller & Steven R. Heyman (Eds.), Innovations in clinical practice: A source book, Vol. 7. Sarasota, FL: Professional Resource Exchange.

Conflicts and crisis in rural America. (1986). L. W. Waterfield. New York: Praeger.

Developing farm family support groups. Roger Williams. (UW publication #3967M). Madison, WI: University of Wisconsin.

Economic stress and mental health in rural Iowa. (1988, October). Danny Hoyt. Ames, IA: Iowa State University, Department of Sociology and Anthropology.

Education's response to the rural crisis: Model programs in the midwest. (1987). Jacqueline D. Spears. Manhattan, KS: Kansas State University, Rural Clearinghouse for Education and Development.

Exemplary mental health programs serving farm families in rural America. (1987). Regina Adams. Washington, D. C: National Association of Counties.

Families in rural America: Stress, adaptation and revitalization. (1988). Ramona Marotz-Baden, Charles Hennon, & Timothy Brubaker (Eds.). St. Paul, MN: National Counsel on Family Relations.

Family stress: Coping and social support. (1982). H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.). Springfield, IL: Charles Thomas.

Farm crisis response: Extension and research activities in the north central region. (1986). Paul Lasley, Rand Conger, & Curtis Stofferahn (Eds.). Ames, IA: Iowa State University, North Central Regional Center for Rural Development.

Farm families in crisis: An overview of resources. (1987, October). Elizabeth Thompson & Hamilton McCubbin. Family Relations, 36, (4).

Books and Articles - Continued

Farm stress: Learning to cope. (1982). Nancy Edmonds Hanson & Chris Paulson. Bismarck, ND: Mental Health Association of North Dakota.

Friends indeed: A course in helping. (1986, February). Charles A. Smith. Manhattan, KS: Kansas State University, Cooperative Extension.

Governing the heartland: Can rural governments survive the farm crisis? (1986, July). U. S. Senate, Subcommittee on Intergovernmental Relations (S. Prt. 99-176). Washington, DC: U. S. Government Printing Office.

Handbook of rural community mental health. (1982). P. A. Keller & J. D. Murray (Eds.). New York: Human Sciences Press.

Helping others help themselves: A self-study series. Roger Williams. Madison: University of Wisconsin.

How to plan and produce farm stress workshops. (1981). Nancy Edmonds Hanson & Chris Paulson. Bismarck, ND: Mental Health Association of North Dakota.

Human services and resource networks. (1977). Seymour B. Sarason, Charles F. Carroll, Kenneth Maton, Saul Cohen, & Elizabeth Lorentz. San Francisco: Jossey-Bass.

Improving mental health care delivery in rural counties. (1987). Regina Drake Adams. Washington, DC: National Association of Counties.

Innovations in rural community mental health. (1986). J. Dennis Murray & Peter A. Keller (Eds.). Mansfield, PA: Mansfield University, Rural Services Institute.

Insight Magazine. (1987, December 7). Washington, DC: Washington Times.

Interdependencies of agriculture and rural communities: An annotated bibliography. (1986). F. Larry Leistritz & Brenda Ekstrom. New York: Garland Publishing.

Is there a moral obligation to save the family farm? (1987). Gary Comstock (Ed.). Ames, IA: Iowa State University Press.

Lack of power: A source of farm stress. (1987). Lilly Walker & James Walker. Canadian Home Economics Journal, 37 (4).

Leadership in human services: How to articulate and implement a vision to achieve results. (1989).Leslie H. Garner, Jr. San Francisco: Jossey-Bass.

Mending a broken heartland: Community response to the farm crisis. (1987). Joyce Barrett. Library of Congress #87-60166. Alexandria, VA: Synergy.

Mental health assistance to farm crisis victims. (1985). Michael R. Rosmann & Frances J. Joslin. Paper presented to Iowa Council on Farm Relations Conference, Des Moines, IA.

Mental health response to the farm foreclosure crisis. (1986). David S. Hargrove. The Rural Sociologist, 6,(2).

Books and Articles - Continued

Obscure Destinies. (1930). Willa Cather. New York: Vintage Books.

Neighbor to neighbor: A do-it-yourself guide for organizing farm family support groups. (1987, January). Roger Williams. Madison, WI: University of Wisconsin.

Networking families in crisis: Intervention strategies with families and social networks. (1979). Uri Rueveni. New York: Human Science Press.

New dimensions in rural policy: Building upon our heritage. (1986, June 5). Joint Economic Committee on Agriculture and Transportation. (S. Prt. 99-153). Washington, DC: U. S. Congress.

Not guilty, not crazy: Alcoholism is an inherited disease! (1985). Wayne Nickens & Steve Burns. Santa Fe Springs, CA: I-MED Press.

Peer counseling: An in-depth look at training peer helpers. (1985) Judith Tindall & H. Dean Gray. ISBN: 0-915202-52-2. Muncie, IN: Accelerated Development Inc.

Peer power: Becoming an effective peer helper. Book 1. (1985). Judith Tindall & H. Dean Gray. ISBN: 0-915202-53-0. Muncie, IN: Accelerated Development Inc.

Perspectives of the rural crisis and its impact--Social implications. (1985, June). David S. Hargrove. Presentation to Planting Seeds to Harvest Hope Conference, Des Moines, IA.

Reaching out: A manual for training peer listeners and support group facilitators responding to the rural crisis. Gail Ramynke & Rev. Donald Lehmann. Watertown, SD: Lutheran Social Services of South Dakota.

Renew the spirit of my people: Handbook for ministry in times of rural crisis. (1987). Karla Schmidt (Ed.). Des Moines, IA: Prairiefire Rural Action.

Report of the national action commission on the mental health of rural America. (1988). Alexandria, VA: National Mental Health Association.

Resource directory on rural America--life and issues.(1981). Donald A. Gall. United Church Board for Homeland Ministries. New York: The Pilgrim Press.

Rural community mental health centers' responses to the farm crisis. (1987). Joanne Mermelstein & Paul Sundet. Human Services in the Rural Environment, 10, (1).

Rural human services. (1980). H. Wayne Johnson (Ed.). Iowa City, IA: University of Iowa.

Rural Nebraskans at risk: Three studies on unmet emotional, hunger, and legal needs. (1987, Summer). Farm Crisis Hotline Response. Lincoln, NE: Interchurch Ministries of Nebraska.

Seeds of change: Growing up on today's family farm. (1987). Sue Schlictemeier & Jackie Fox. Lincoln, NE: Community Mental Health Center of Lancaster County.

Stress and the family. Vol. I &II. (1983). C. R. Figley & H. I. McCubbin (Eds.). New York: Brunnel & Mazel.

Books and Articles - Continued

Stress on the farm. (1981, March). Randy Weigel. Ames, IA: Iowa State, Cooperative Extension.

Take good care of yourself!: A booklet about rural stress and healthy ways to handle it. (1988). Sue Schlictemeier & Jackie Fox. Lincoln, NE: Community Mental Health Center of Lancaster County

The American farm crisis: An annotated bibliography with analytical introductions. (1988). Harold Guither & Harold Halcrow. Ann Arbor, MI: Pierian Press.

The challenge of the resource exchange network. (1979). Seymour B. Sarason & Elizabeth Lorentz. San Francisco: Jossey-Bass.

The continuing crisis in rural America: Fact vs. fiction. (1987, May). Des Moines, IA: Prairiefire Rural Action.

The family farm: Can it be saved? (1985). Shantilal Bhagat. ISBN:0-87178-227-8. Elgin, IL: Brethren Press.

The family in rural society. (1981). Raymond Coward & William Smith, Jr. (Eds.). Boulder, CO: Westview Press.

The helping community: Promoting mental health in rural areas through informal helping. (1981). Anthony R. D'Augelli & Theodore R. Vallance. Journal of Rural Community Psychology, 2, (1).

The history of recent farm legislation: Implications for farm families. Linda Little, Francine Proulx, Julia Marlowe, & Patricia Knaub. (1987, October). Family Relations,36, (4).

The human harvest: Changing farm stress to family success. (1987, February). James Walker & Lilly Walker. Brandon, Manitoba, Canada: Brandon University.

The mental health of rural america: The rural programs of the National Institute of Mental Health. (1973). Julius Segal (Ed.). (DHEW 73-9035, Superintendent of Documents Stock No. 1724-00297). Washington, DC: U. S. Government Printing .

The myth of the family farm. (1981). I. Vogeler. Boulder, CO: Westview Press.

The incidence of social-psychological stress in farm families. (1979). Dalva Hedlund & Alan Berkowitz. International Journal of Sociology of the Family, 9, pp. 233-243.

The skilled helper: A model for systematic helping and interpersonal relating. (1975). Gerard Egan. Monterey, CA: Brooks/Cole.

The united farmer and rancher congress: Strengthening the spirit of America. (1986, September). George Naylor (Ed.). Ames, IA: North American Farm Alliance.

The unsettling of America: Culture & agriculture. (1977). Wendell Berry. San Francisco: Sierra Club Books.

When families have to give up farming. (1986). Judith Bortner Heffernan & William D. Heffernan. Rural Development Perspectives, 2, (3).

20 Clues to Rural Community Survival

1. Evidence of community pride
2. Emphasis on quality in business and community life
3. Willingness to invest in the future
4. Participatory approach to community decision making
5. Cooperative community spirit
6. Realistic appraisal of future opportunities
7. Awareness of competitive positioning
8. Knowledge of the physical environment
9. Active economic development program
10. Deliberate transition of power to a younger generation of leaders
11. Acceptance of women in leadership roles
12. Strong belief in and support for education
13. Problem-solving approach to providing health care
14. Strong multi-generational family orientation
15. Strong presence of traditional institutions integral to community
16. Sound and well-maintained infrastructure
17. Careful use of fiscal resources
18. Sophisticated use of information resources
19. Willingness to seek help from the outside
20. Conviction that, in the long run, you have to do it yourself

Great Plains Staff Training and Development for Rural Mental Health
NIMH Grant #1 T23 MH18846

Wall, Milan & Luther, Vicki. (1987). 20 clues to rural community survival. A Community Case Study Project. Lincoln, NE: Heartland Center for Leadership Development. Used with permission.

GLOSSARY

ACRE: 43,560 square feet. A section of land one mile square contains 640 acres.

AGRICULTURAL CONSERVATION PROGRAM (ACP): A program in which producers agree to carry out specified conservation practices on their farms and receive payments to help pay part of the cost.

AGRICULTURAL CREDIT ACT OF 1987: To provide credit assistance to farmers, to strengthen the Farm Credit System, to facilitate the establishment of secondary markets for agricultural loans, and for other purposes.

ACREAGE REDUCTION PROGRAM (ARP): A program that requires a farmer to reduce the amount of crop planted below his base acreage to qualify for price supports and target prices for that crop, if such a program is in effect for that crop.

AGRICULTURE STABILIZATION AND CONSERVATION SERVICE (ASCS): The agency that distributes all government, land-related payments. In addition to the office in Washington, D.C., there are offices in each state and most counties.

ASSETS: Cash and other property that have a market value.

BROKE GROUND: Land for growing crops.

CAPITAL GAINS: When property is sold for more than the owner paid for it, the difference between the purchase price and the sale price, after all expenses are paid, is called the capital gain.

CASH FLOW: A comparison of incoming cash versus expenses; the amount of short-run net cash income from all sources that a farm can use to service debts after meeting family living needs. This is a commonly used term, now, in a financial institution's evaluation of any loan. Rather than a comparison of income, it lays out the income and outflow of businesses and shows the capacity of that business to service debt.

CENTER PIVOT IRRIGATION: System where irrigation pipe rotates in a circle around the center or pivot point.

CHAPTER 7: A petition in U.S. District Bankruptcy Court for the orderly liquidation of the assets of an individual or business so that the individual may then have debts discharged.

CHAPTER 11: A bankruptcy law that can be used by any business for the reorganization of the financial affairs of that business. It may also involve discharge of some debts. Farmers who file under that part of the federal bankruptcy laws seldom succeed in keeping the farm operating.

CHAPTER 12: A new (1987) bankruptcy law created by Congress to allow family-operated farms to stay in business if they can repay the same amount of debt that major creditors would have received through liquidation. Called a "restructuring" or "reorganizing" of debt. Limits its use to family-operated farms--those that earn more than half of their income from farming. It may also involve discharge of some debts. The reorganization plans filed by bankrupt farms allow a minimum of three years (for operating expenses loans) to pay restructured debts. Land notes and long-term indebtedness can be extended beyond the three-year time period.

CHAPTER 13: A mini-reorganization of debt that is specifically designed for persons with regular income that allows that person to adjust his or her debts to a level they can afford to pay. (Corporations and partnerships are excluded from this type of bankruptcy.) The debtor makes payments to a trustee who distributes those payments to creditors. It may also involve some discharge of indebtedness.

CHECK OFF: Beef and pork producers providing funds to promote their product by a deduction from the sale of each animal.

CHRONIC: Of long duration or frequent recurrence; prolonged; protracted.

CIRCLE: Irrigation system operating from a pivoted point, usually within 1/4 section of land and covering 133 acres.

COMMODITIES: Broadly defined, any goods exchanged in trade, but usually used to refer to widely traded raw materials and agricultural products such as wheat or corn.

COMMODITY CREDIT CORPORATION (CCC): A government owned and operated corporation authorized to borrow funds from the U.S. Treasury to operate the U.S. Department of Agriculture's price and income support programs, to manage government owned stocks of agricultural commodities and administer their disposal through domestic and export programs. Strengthens the farmer's income with nonrecourse (no legal action) loans using the commodity (product) as collateral. When prices are high and profit is anticipated, farmers sell their commodities and pay off the loans. When prices are low, loss is avoided by forfeiting the commodity to the government as payment of the loans.

CONSERVATION RESERVE PROGRAM (CRP): A 10- to 13-year program administered through the SCS and ASCS to take marginal land out of production and reduce overproduction. If a farmer's bid is accepted, cover crop (grass and trees) is planted and the land is taken out of production for ten years.

COOPERATIVE EXTENSION: Created in 1914 by Smith-Lever Act, within the department of Agriculture for purpose of disseminating information from agricultural research to farm producers.

CORPORATE FARM: A farm business that is legally incorporated under state law. The stock may be held by a farm family, closely held and not available for public purchase, or it may be listed on a public stock exchange. The term may be used incorrectly when referring to large farm operations, which are in fact sole proprietorships or partnerships.

COST OF PRODUCTION: The average amount, in dollars-per-unit, to grow or raise a farm product, including all purchased inputs and sometimes including allowances for management and use of land owned by the farm operator. The cost may be expressed in units of a bushel, pound, ton, or per-acre, depending on the product involved.

COW/CALF OPERATION: Livestock operation consisting of owning cows, breeding them and calving in the spring or fall. When weaned, the calves are usually sold. The cows are kept for breeding stock for several years.

CRISIS: An upset; a sudden change for better or worse; usually results in decompensation.

CRISIS SIGNS: Preoccupation, apathy, aimless activity/ambivalence; change in relationships (withdrawn/dependent); behavior detrimental to self-interest; hostility toward others or world in general; physical distress; change in routine; guilt over inability to solve problems; shock, unreality, disorientation (time passes slowly or too fast).

CULTIVATOR: Farm machine used to weed row crop.

DAIRY BUYOUT: Government payment to dairymen to slaughter the herd and not being involved in dairy production for five years.

DAIRY PRICE SUPPORT PROGRAM: The program established by Congress in the Agricultural Act of 1949. From 1949 until 1981, milk prices were supported by law at 75 to 90 percent of parity. Since 1981, Congress has passed several bills that have set lower minimum support prices for milk. Prices are supported by government purchases of manufactured dairy products to maintain the minimum price for milk established by Congress.

DEBT TO ASSET RATIO (D/A RATIO): Measure of solvency. A debt to asset ratio of 40 percent means the farm operator owes $40 in debt for each $100 of assets owned. If a farmer owes more than is owned, the debt to asset ratio exceeds 100 percent and the farmer is technically insolvent. In general, farms with higher debt to asset ratios are more financially vulnerable if earnings or asset values decline. If a farm is "highly" leveraged, or the D/A ratio is over 40 percent, that farmer is likely to be experiencing cash shortfalls. If D/A ratio is 70% or more, serious cash shortfalls are probably occurring, considered to be "very highly" leveraged.

DEBT SETTLEMENT: Final agreement between lender and borrower.

DEBT FORGIVENESS: Amount of debt lender is willing to ignore or dismiss.

DEFICIENCY PAYMENT: Federal program payment to participating farmers when farm prices are below the target price. Based on the difference between a target price and either the market price or the loan rate, whichever difference is less.

TARGET PRICE: A minimum commodity price level determined by law for wheat, feed grains, rice and cotton. If the market price falls below the target price by an amount equal to (but not more than) the difference between the target price and the price support loan level, a deficiency payment is made to farmers.

DISC: Farm implement used to prepare soil for plowing, planting or winter fallow. It turns the soil but does not cut as deeply as a plow, which conserves moisture. The blades are round discs; thus, the name.

DUCK FOOT OR SWEEPS: Farm machinery with "duck foot" shaped blades to work the ground.

EQUITY: The net worth of an individual farmer or business firm; the net value of property after all debts are deducted.

FAMILY FARM: A farm in which a family provides most of the labor, management decisions, and operating capital. The land may be owned, partly owned, or rented.

FARM: Any enterprise that has $1,000 or more in gross sales of farm products.

FARM CREDIT ADMINISTRATION: Oversees all the financial operations making up the Farm Credit System. e.g., In 1916, Federal Land Banks and Federal Land Bank Associations were created, followed in 1923 by the creation of Federal Intermediate Credit Banks.

FARM CREDIT SYSTEM (FCS): In the early 1900s, Congress authorized special credit sources to meet the high-risk and seasonal nature of agriculture financial requirements; federally chartered entity that provides financing for farmers, fishermen, and cooperatives. Operations are coordinated by the Farm Credit Administration in Washington, and a board of directors chosen nationally, one from each of the 12 District Farm Credit Banks.

FEDERAL LAND BANK (FLB): Long-term lender for land purchases within the FCS. The FLB makes loans to farmers through local Federal Land Bank Associations (FLBA's). There are 12 FLB's nationwide. Created in 1916, the Federal Land Banks are the oldest component of the cooperatively owned FCS.

FARM MANAGEMENT ASSOCIATION: Network set up in combination with extension that does farm financial management with farmers.

FARM MEDIATION: a non-litigation method of settling farm debt prior to debt settlement.

FARMERS HOME ADMINISTRATION (FmHA): An agency of the federal government commonly known as the "lender of last resort," it makes loans to farmers for the purchase of real estate and the financing of operating expenses. Other programs include rural housing loans, soil and water conservation loans, and business and industry loans. The "lead" federal agency for providing financial and technical assistance to qualified farmers and rural communities who cannot find other sources of financing on terms or conditions they can meet." In addition to being the major lending source of last resort, FmHA administers farm and rural programs and services through its county offices around the country.

FARROW TO FINISH: Production of hogs from conception to finished market weight of approximately 230 pounds.

FINISHING: Full feeding of cattle from approximately 750 pounds to 1,200 pounds and full feeding of hogs to a finished weight of approximately 230 pounds.

FORECLOSURE: A legal procedure by which a creditor takes possession of and sells the property that has been mortgaged by a debtor to secure that creditors loan.

GENERAL AGREEMENT ON TARIFFS AND TRADE (GATT): Geneva, Switzerland. Farmers from around the world coming together and negotiating with each other, presenting their agricultural problems and solutions. Farmers and farm leaders from the U.S., Canada, Japan and European communities in global consultation, with a common need for restoring world prices above production costs.

GROSS INCOME: Dollars generated from a farm or ranch before expenses and family living.

LAND CONTRACT: An agreement between two parties to purchase land on payments, usually in yearly installments.

NET INCOME: Income after expenses but before family living expenses and debt reductions.

NET WORTH: The difference between the farm operator's assets and debts as of a certain date; a measure of value.

OPERATING EXPENSE LOANS: Loans to finance operating expenses including but not limited to costs of seed, chemicals, fuel, repairs, feed, and veterinary expenses.

OUTMIGRATION: Population leaving the area under study; the area can pertain to county, state, region, etc.

PARITY PRICE: Price per unit that would be necessary for a unit today to buy the same quantity of goods (from a standard list) that the unit would have bought in the

1910-1914 base period at prices then prevailing. For instance, if a bushel of wheat could purchase a shirt in the base period then current prices would be "at parity" if a bushel of wheat still had enough purchasing power to buy one shirt.

PAYMENT IN KIND (PIK): A program that provides payment to farmers in the form of commodities for reducing acreage of certain crops and placing that acreage in conserving uses. The term may also apply to export enhancement programs or other programs where payments are made in the form of commodities.

PIK AND ROLL: Converting PIK certificates to grain.

PLANTER: Farm implement used to plant grains in rows.

PRICE SUPPORTS: See Subsidies.

PRODUCTION CREDIT ASSOCIATION (PCA): A specialized credit institution to help supply the bulk of agriculture credit needs. A financial institution that is a farmer-owned cooperative in which the borrower buys stock. PCA's are short-term lenders of the FCS and are the least used. They loan the operating expenses, offering about four percent of short-term loans.

RESTRUCTURE: An alteration of payment terms, maturity date, interest rate and/or amount of principal to be paid on a loan. It has application to the situation where a debtor cannot make the payments required under the original loan but can do so if payments are extended over a longer period of time, if the interest rate is reduced, and/or if the total amount to be paid is reduced.

ROW CROP: Crops that are planted in rows.

RURAL POPULATION: (Bureau of Census) An area in which 50 percent or more of the population lives in communities of 2,500 or less.

SECTION: 640 acres (1 square mile)

SET ASIDE: The acreage a farmer must devote to soil conservation uses in order to be eligible for government farm program benefits. Also called Acreage Conservation Reserve.

SOIL CONSERVATION SERVICE (SCS): The government agency that oversees the funding and administration of soil conservation projects and programs in local counties throughout the United States.

SUBSIDIES (PRICE SUPPORTS): The most basic farm program, price support is the minimum price guaranteed to producers of a few crops. Price supports began in the 1920s and 1930s when agriculture was in an economic depression. The idea was developed to guarantee a farmer a minimum price for a crop by granting a nonrecourse loan once harvest was complete. The terms of a nonrecourse loan state that if the borrower defaults, no recourse will be made to recover any loan losses. In

the case of USDA price-support loans, eligible farmers borrow against crops in storage. During the loan period (usually 9-12 months) the farmer can decide to sell the crop and repay the loan plus interest, or if prices remain at or below the level of the loan, the farmer can default on the loan by simply allowing the government to keep the crop. No legal action (that is, no "recourse") will be taken by USDA.

SUMMER FALLOW: Raising one crop every other year, leaving the land idle one year in between to accumulate moisture.

TAX CONSEQUENCES: The Internal Revenue Service sees any debt forgiveness as income and may tax farmer after farmer thought debt was settled.

TERRACE: A raised bank of earth having vertical or sloping sides and a flat top which controls the flow of water through a field.

WRITE-DOWN-LENDER: Writing off or down a loan and taking the loss on a farm debt.

Casavant, Kenneth, & Infanger, Craig. (1984). Economics and agricultural management--An Introduction. Reston: Reston Publishing.

Comstock, Gary (Ed.). (1987). Is there a moral obligation to save the family farm? Ames, IA: Iowa State University Press.

Guither, Harold D. & Halcrow, Harold G. (1988). The American farm crisis. Ann Arbor, MI: Pierian Press.

Insight. (1987, December 7). Washington, DC: The Washington Times

Legal Aid of Nebraska. Overwhelmed by farm and ranch debt?: A guide to debt collection and bankruptcy.

Schmidt, Karla. (1987). Renew the spirit of my people: A handbook for ministry in times of rural crisis. Des Moines, IA: Prairiefire Rural Action.

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